

<i>SERFF Tracking Number:</i>	<i>FDLT-128462939</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fidelity Security Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>M-9124</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Group Supplemental Limited Benefit Indemnity</i>		
<i>Project Name/Number:</i>	<i>Group Supplemental Limited Benefit Indemnity /M-9124</i>		

Filing at a Glance

Company: Fidelity Security Life Insurance Company

Product Name: Group Supplemental Limited Benefit Indemnity SERFF Tr Num: FDLT-128462939 State: Arkansas

Benefit Indemnity

TOI: H21 Health - Other

SERFF Status: Closed-Approved

State Tr Num:

Sub-TOI: H21.000 Health - Other

Co Tr Num: M-9124

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Donna Lambert

Authors: Jennifer Glaser, Kelly

Disposition Date: 06/11/2012

Humiston, Teresa Saling, Danielle

Menzel

Date Submitted: 06/08/2012

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Group Supplemental Limited Benefit Indemnity

Project Number: M-9124

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Association, Other

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 05/16/2012

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Explanation for Other Group Market Type:

Union

Overall Rate Impact:

Filing Status Changed: 06/19/2012

State Status Changed: 06/11/2012

Deemer Date:

Created By: Danielle Menzel

Submitted By: Danielle Menzel

Corresponding Filing Tracking Number: FDLT-128462932

PPACA: Not PPACA-Related

PPACA Notes: null

Healthcare.gov ID:

Filing Description:

Fidelity Security Life Insurance Company

NAIC #71870 FEIN #43-0949844

Group Supplemental Limited Benefit Indemnity Insurance

SERFF Tracking Number: FDLT-128462939 State: Arkansas
Filing Company: Fidelity Security Life Insurance Company State Tracking Number:
Company Tracking Number: M-9124
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Group Supplemental Limited Benefit Indemnity
Project Name/Number: Group Supplemental Limited Benefit Indemnity /M-9124

Policyholder: Union and Association Groups
Group: National Association for Responsible Health Care
M-9124AR Policy
C-9124AR Certificate
S-9124 Schedule of Benefits

We respectfully submit the above referenced forms for your review and approval. These forms are new and do not replace any forms previously filed with your state.

This filing is for coverage sold via one-on-one direct agent sales to Union and Association Groups.

This product provides supplemental limited indemnity benefits for dental (exams, cleanings, x-rays, fluoride treatment, and fillings), vision (exam and/or materials), refractive surgery, loss of sight and hearing (exam and/or hearing aid). These benefits are designed to supplement the group's major medical insurance. It is not intended to supplement a group's dental, vision, or hearing plans. The group may elect any combination of two or more products to offer to their employees. For example, if the group already has a vision benefit, the group could elect to provide a dental and hearing benefit. The group may also elect to add Term Life Rider, R-02818, which was approved by your state on March 28, 2011.

The Group Application form A-01144 and Enrollment form A-01145 were submitted separately under SERFF filing #FDLT-128462932.

These forms will be used with National Association for Responsible Health Care, situated in Missouri. This group was previously approved by your state on 05/19/2008 with form M-9040, SERFF #FDLT-125645596.

Variable information is indicated by brackets { }. The variables are to be read as though the phrase is in, out, or the choices shown. If the variable is a numeric, it will not be adjusted to be less favorable than your state allows.

If you have questions or need additional information, please do not hesitate to contact me at 1-800-648-8624 (extension 1276) or e-mail me at tsaling@fslins.com.

State Narrative:

Company and Contact

Filing Contact Information

Teresa Saling, Contract Analyst	tsaling@fslins.com
3130 Broadway	800-648-8624 [Phone] 1276 [Ext]
Kansas City, MO 64111-2406	816-751-6026 [FAX]

SERFF Tracking Number: FDLT-128462939 State: Arkansas

Filing Company: Fidelity Security Life Insurance Company State Tracking Number:

Company Tracking Number: M-9124

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: Group Supplemental Limited Benefit Indemnity

Project Name/Number: Group Supplemental Limited Benefit Indemnity /M-9124

Filing Company Information

Fidelity Security Life Insurance Company	CoCode: 71870	State of Domicile: Missouri
3130 Broadway	Group Code: 451	Company Type: Life & Health
Kansas City, MO 64111-2406	Group Name:	State ID Number:
(800) 648-8624 ext. [Phone]	FEIN Number: 43-0949844	

Filing Fees

Fee Required? Yes

Fee Amount: \$150.00

Retaliatory? No

Fee Explanation: \$50.00 per form. Three forms attached.

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Fidelity Security Life Insurance Company	\$150.00	06/08/2012	59997591

SERFF Tracking Number: FDLT-128462939 State: Arkansas

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Product Name: Group Supplemental Limited Benefit Indemnity

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	06/19/2012	06/19/2012
Approved	Donna Lambert	06/11/2012	06/11/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	06/18/2012	06/18/2012	Teresa Saling	06/18/2012	06/18/2012
Pending Industry Response	Donna Lambert	06/18/2012	06/18/2012	Teresa Saling	06/18/2012	06/18/2012

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Disposition

Disposition Date: 06/11/2012

Implementation Date:

Status: Approved

HHS Status: Not Reported

State Review: Not Reviewed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FDLT-128462939 State: Arkansas

Filing Company: Fidelity Security Life Insurance Company State Tracking Number:

Company Tracking Number: M-9124

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: Group Supplemental Limited Benefit Indemnity

Project Name/Number: Group Supplemental Limited Benefit Indemnity /M-9124

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	Yes
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved	Yes
Supporting Document	Statement of Variability	Approved	Yes
Form	Group Supplemental Limited Medical Indemnity Policy	Approved	Yes
Form	Group Supplemental Limited Medical Indemnity Certificate	Approved	Yes
Form	Schedule of Benefits	Approved	Yes

SERFF Tracking Number: *FDLT-128462939* *State:* *Arkansas*
Filing Company: *Fidelity Security Life Insurance Company* *State Tracking Number:*
Company Tracking Number: *M-9124*
TOI: *H21 Health - Other* *Sub-TOI:* *H21.000 Health - Other*
Product Name: *Group Supplemental Limited Benefit Indemnity*
Project Name/Number: *Group Supplemental Limited Benefit Indemnity /M-9124*

Disposition

Disposition Date: 06/11/2012

Implementation Date:

Status: Approved

HHS Status: HHS Approved

State Review: Not Reviewed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FDLT-128462939 State: Arkansas

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Form	Schedule of Benefits	Approved	Yes

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Product Name: Group Supplemental Limited Benefit Indemnity
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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/18/2012
Submitted Date 06/18/2012
Respond By Date 06/18/2012

Dear Teresa Saling,

YOU DO NOT NEED TO MAKE ANY REVISIONS TO THIS FILING. The clean claim provision does not apply to group contracts.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

SERFF Tracking Number: FDLT-128462939 *State:* Arkansas
Filing Company: Fidelity Security Life Insurance Company *State Tracking Number:*
Company Tracking Number: M-9124
TOI: H21 Health - Other *Sub-TOI:* H21.000 Health - Other
Product Name: Group Supplemental Limited Benefit Indemnity
Project Name/Number: Group Supplemental Limited Benefit Indemnity /M-9124

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/18/2012
Submitted Date	06/18/2012

Dear Donna Lambert,

Comments:

Thank you for opening the filing as discussed in our telephone conversation.

Response 1

Comments: As discussed, no changes have been made since the Clean Claim provisions do not apply to this filing.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you need any additional information, please let us know.

Sincerely,

Danielle Menzel, Jennifer Glaser, Kelly Humiston, Teresa Saling

SERFF Tracking Number: FDLT-128462939 *State:* Arkansas
Filing Company: Fidelity Security Life Insurance Company *State Tracking Number:*
Company Tracking Number: M-9124
TOI: H21 Health - Other *Sub-TOI:* H21.000 Health - Other
Product Name: Group Supplemental Limited Benefit Indemnity
Project Name/Number: Group Supplemental Limited Benefit Indemnity /M-9124

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/18/2012
Submitted Date	06/18/2012
Respond By Date	06/18/2012

Dear Teresa Saling,

You do not need to make any changes to this filing regarding the clean claim provision. The clean claim provision applies to individual policies. Please acknowledge this objection, and I'll mark this filing approved (again). I apologize for the confusion.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

SERFF Tracking Number: FDLT-128462939 State: Arkansas
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Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/18/2012
Submitted Date 06/18/2012

Dear Donna Lambert,

Comments:

Thank you for taking your time to discuss and calling me back.

Response 1

Comments: As discussed, the Clean Claim provisions do not apply to this filing.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you need any additional information, please let us know.

Sincerely,

Danielle Menzel, Jennifer Glaser, Kelly Humiston, Teresa Saling

SERFF Tracking Number: FDLT-128462939 State: Arkansas

Filing Company: Fidelity Security Life Insurance Company State Tracking Number:

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Form Schedule

Lead Form Number: M-9124AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 06/11/2012	M-9124AR	Policy/Cont ract/Fratern al	Group Supplemental Limited Medical Indemnity Policy Certificate	Initial		60.680	M- 9124AR.pdf
Approved 06/11/2012	C-9124AR	Certificate	Group Supplemental Limited Medical Indemnity Certificate	Initial		60.680	C-9124AR.pdf
Approved 06/11/2012	S-9124	Schedule Pages	Schedule of Benefits	Initial		60.680	S-9124.pdf



FIDELITY SECURITY LIFE INSURANCE COMPANY

3130 Broadway
Kansas City, Missouri 64111-2406
Phone 800-648-8624
A STOCK COMPANY
(Herein Called "the Company")

POLICY NUMBER: {Policy Number}

POLICYHOLDER: {"ABC" Association} {"ABC" Union Welfare Benefit {Trust}
{Plan}}

STATE OF ISSUE: Arkansas

POLICY EFFECTIVE DATE: {Month Day, Year}

POLICY ANNIVERSARY DATE: {Month Day, Year and each Month Day thereafter}

Fidelity Security Life Insurance Company ("the Company") agrees to pay benefits provided by the Policy in accordance with its terms and conditions.

The Policy is issued by acceptance of the application of the Policyholder (a copy of which is attached) and receipt by the Company of the first premium.

All periods of time under the Policy begin and end at 12:01 a.m. Local Time at the Policyholder's business address.

The Company may terminate the Policy on {any premium due date} {the first day of any month} {any date} on or after the first Policy Anniversary Date. Written notice must be provided to the Policyholder at least {30-90} days prior to termination. The Policyholder may terminate the Policy on any date on or after the date the Company receives the Policyholder's written request for termination.

The Policy is issued by Fidelity Security Life Insurance Company at Kansas City, Missouri on the Policy Effective Date.

FIDELITY SECURITY LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read 'Richard C. Jones'.

President

A handwritten signature in black ink, appearing to read 'David J. Smith'.

Secretary

GROUP SUPPLEMENTAL LIMITED BENEFIT INDEMNITY POLICY
Providing {Dental} {Vision} {Refractive Surgery} {Loss of Sight} {and} {Hearing} Benefits
THIS IS A LIMITED BENEFIT POLICY
RENEWABLE AT THE OPTION OF THE COMPANY
Please read the Policy carefully.

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DEFINITIONS

{**Accident** means an event occurring by chance or unintentionally after the Insured Person's Effective Date of coverage. An Accident must be independent of any Sickness.}

{**Assistive Listening Devices (ALDs)** means non-Hearing Aid devices used by a hearing impaired individual to improve communication and the performance of activities in specific environments. ALDs include devices such as infrared and FM personal amplifiers, amplification systems, alerting devices and closed captioning equipment.}

{**Audiologist** means a healthcare professional who has earned a Master's Degree (M.S., M.A. or M.E.d.) or Doctorate Degree (Au.D. or Ph.D.) in audiology or a related field of study, specializes in identifying, diagnosing, rehabilitating and monitoring disorders of the auditory and vestibular system portions of the ear, carries national board certification and is licensed under applicable state law to perform such services. He or she may not be the Insured Person or a member of the Insured Person's Immediate Family. Audiologist does not include a Hearing Aid Dispenser.}

{**Benefit Period** means the period of time when benefits are payable. Unless stated otherwise in the Schedule of Benefits, a Benefit Period is a {Calendar Year} {Policy Year}.

{**Calendar Year** means the period that starts with the Insured Person's Effective Date and ends on December 31st of the first year. Each following Calendar Year will start on January 1st of any year and end on December 31st of that year.}

Company means Fidelity Security Life Insurance Company.

{**Dental Hygienist** means an oral health care professional authorized to provide clinical and therapeutic services under the supervision of a licensed Dentist, including dental prophylaxis, radiography, administration of medications, and dental education.}

{**Dentist** means a person licensed by the state in which he or she is a resident to diagnosis and treat diseases and disorders of the oral cavity, maxillofacial area and adjacent and associated structures. He or she must be practicing within the scope of his or her license for the service or treatment given. He or she may not be the Insured Person or a member of the Insured Person's Immediate Family.}

{**Dependent** means any of the following whose coverage under the Policy has become effective and has not ended:

1. the Insured's lawful spouse{ or Domestic Partner};
2. {the child or children of the Insured or the Insured's spouse who are under 26 years of age;}
3. {the unmarried Dependent child or children of the Insured or of the Insured's spouse who are under {19-27} years of age ({(21-27} years of age if a full-time student));} and
4. the unmarried handicapped Dependent child of the Insured or of the Insured's spouse who has attained age {19-27}, provided such child was an Insured Person on the day immediately prior to attaining age {19-27}, is mentally handicapped or physically incapable of earning his or her own living. Proof of incapacity must be furnished to the Company.

Dependent includes a step-child, foster child, {grandchild,} legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and child under the Insured's legal guardianship, if such child depends primarily on the Insured for support. Dependent will also include a child for whom the Insured is legally required to support due to court order or divorce decree. {Full-time, as used in this definition, means actively attending at least the minimum number of hours of class a week the school considers as full-time status.}

{**Domestic Partner** means an adult who is in a committed relationship with the Insured and the Insured and the Domestic Partner are mutually responsible for one another financially and otherwise. The term "spouse," wherever used, will include a Domestic Partner.}

Effective Date means, for the Policy, the date shown in the Policy face page. Effective Date means, for an Insured Person, the date the Insured Person becomes covered under the Policy as shown in the Insured's Certificate. The Effective Date will begin at 12:01 a.m. Local Time at the Policyholder's business address.

{**Hearing Aid** means a device, which is an electroacoustic apparatus, which fits in or behind the wearer's ear and is designed to amplify and modulate sounds for the wearer.}

{**Hearing Aid Dispenser** means a hearing instrument specialist who dispenses Hearing Aids but does not have the training or licensing required of a Physician or Audiologist.}

{**Hearing Examination** means an examination that is performed by a Physician or Audiologist to detect and diagnose Hearing Loss. It includes advanced hearing tests and Hearing Aid recommendations.}

{**Hearing Loss** means the total or partial inability to hear sound in one or both ears.}

Home Office means the Company's office located at 3130 Broadway, Kansas City, Missouri, 64111-2406.

Immediate Family means an Insured Person or an Insured Person's spouse, parent, child, grandparent, brother, sister, in-law or any person residing in the Insured Person's home.

{**Injury** means bodily Injury sustained by an Insured Person caused by an Accident, directly and independently of all other causes, that occurs while the Policy is in force. All Injuries sustained by an Insured Person in any one Accident are considered a single Injury.}

Insured means a Member of the Policyholder whose coverage under the Policy has become effective and has not ended.

Insured Person means {either} an Insured {or Dependent}.

{**LASEK** (Laser Assisted Epithelium Keratomileusis) means a slight variation of the traditional LASIK procedure as described below. This surgical procedure utilizes a trephine to create an epithelial flap (as opposed to the deeper stromal flap with LASIK) and an alcohol solution to preserve the epithelial cells. Once the epithelial flap is created and lifted, the treatment proceeds as for traditional PRK, with light smoothing at its conclusion. The epithelial flap is then repositioned with a small spatula.}

{**LASIK** (Laser Assisted In-Situ Keratomileusis) means a surgical procedure involving the use of a computer-controlled excimer laser to reshape the cornea (epithelium) without invading the adjacent cell layers, and includes Custom Wavefront or Wavefront Guided LASIK and IntraLase Initiated LASIK. In LASIK, an automated microkeratome is used to shave off a thin, hinged layer of the cornea that is lifted, and the exposed surface is reshaped using the laser. After altering the cornea curvature, the flap is replaced and is adhered without stitches. In "IntraLase Initiated LASIK", a special laser is used instead of a blade to create the flap. In "Custom Wavefront" or "Wavefront-Guided LASIK" procedures, a 3-dimensional measurement of how the eye processes images is used to guide the laser in re-shaping the front part of the eye (cornea).}

Member means a person who meets the eligibility requirements shown in the Policyholder's application.

{**Ophthalmologist** means a person licensed by the state in which he or she resides who specializes in the diagnosis and treatment for defects, Injuries and diseases of the eye. An Ophthalmologist may perform delicate eye surgeries. He or she must be practicing within the scope of his or her license for the service or treatment given. He or she may not be the Insured Person or a member of the Insured Person's Immediate Family.}

{**Optometrist** means a person licensed by the state in which he or she resides to examine the eyes for visual defects, diagnose problems or impairments, and prescribe corrective lenses or provide other types of treatment. He or she must be practicing within the scope of his or her license for the service or treatment given. He or she may not be the Insured Person or a member of the Insured Person's Immediate Family.}

{Otolaryngologist} means an Ear, Nose and Throat (ENT) Doctor of Medicine (MD) licensed by the state in which he or she is a resident. He or she must be practicing within the scope of his or her license for the service or treatment given. He or she may not be the Insured Person or a member of the Insured Person's Immediate Family.}

{Otologist} means an Otolaryngologist licensed by the state in which he or she is a resident who specializes in the evaluation and treatment of the ear. He or she must be practicing within the scope of his or her license for the service or treatment given. He or she may not be the Insured Person or a member of the Insured Person's Immediate Family.}

Physician means a person licensed by the state in which he or she is a resident to practice the healing arts. He or she must be practicing within the scope of his or her license for the service or treatment given. He or she may not be the Insured Person or a member of the Insured Person's Immediate Family. {Physician does not include a Hearing Aid Dispenser.}

{Policy Year} means the 12-month period following the Policy Effective Date ending at 11:59 p.m. on the day immediately preceding the first Policy Anniversary Date. For an Insured Person, the Policy Year begins on the Insured Person's Effective Date and ends at 11:59 p.m. on the day immediately preceding the Policy Anniversary Date. Each subsequent Policy Year will begin on the Policy Anniversary Date and end at 11:59 p.m. on the day immediately preceding the next Policy Anniversary Date.}

Policyholder means the group in whose name the Policy is issued[, as shown in the Schedule of Benefits].

{PRK (Photorefractive Keratectomy)} means a surgical procedure involving removal of the surface layer of the cornea by gentle scraping and use of a computer-controlled excimer laser to reshape the stroma.}

{Refractive Surgery} means a surgical procedure which permanently alters the focusing power of the eye(s) in order to change refractive errors.}

Schedule of Benefits means the page which gives basic benefit information referenced in the Certificate.

{Vision Examination} means a comprehensive ophthalmological service as defined in the Current Procedural Technology (CPT) and the Documentation Guidelines listed under "Eyes-examination items". Comprehensive ophthalmological service describes a general evaluation of the complete visual system. The comprehensive services constitute a single service entity but need not be performed at one session. The service includes history, general medical observation, external and ophthalmoscopic examinations, gross visual fields and basic sensorimotor examination. It often includes, as indicated by examination, biomicroscopy, examination with cycloplegia or mydriasis and tonometry. It always includes initiation of diagnostic and treatment programs.}

{Vision Materials} means those materials used to aid in the correction of vision, including, but not limited to, lenses, {and} frames {or contact lenses}.

ELIGIBILITY AND EFFECTIVE DATE

New eligible persons will be added from time to time. In no event will coverage for any person become effective before the Policy Effective Date.

Insured Eligibility and Effective Date. Eligibility requirements are defined in the Policyholder's application. Coverage will be effective on the {first day of the month following the Insured's date of hire} {date shown in the Schedule of Benefits} {first day of the month} {15th of the month} {date of receipt of the Insured's individual enrollment form, if any}, subject to approval by the Company of the Insured's individual enrollment form, if any, and payment of the first premium.

{Dependent Eligibility and Effective Date. Insurance may be available to Dependents only if the Insured is eligible for such insurance under the Policy. An Insured's Dependents will be eligible for insurance under the Policy if the Dependent meets the eligibility requirements in the Policyholder's application. Coverage will be effective on the {first day of the month following the date the Dependent first became eligible} {date shown in the Schedule of Benefits} {first day of the

month} {15th of the month} {date of receipt of the Dependent's individual enrollment form, if any}, subject to approval by the Company of the Dependent's individual enrollment form, if any, and payment of the first premium. In no event, will coverage for any Dependent become effective before the Insured's Effective Date.

A spouse or child covered under the Policy as a Member will not be eligible as a Dependent. If a husband and wife are both covered as Members, a child will be the Dependent of only one parent.

Newborn and Adopted Children Eligibility and Effective Date. Coverage under the Policy for a newborn child will be effective from the moment of birth and will continue until the next premium due date or 90 days, whichever is later. Coverage under the Policy for an adopted child, child placed with the Insured for adoption, or child for whom the Insured is a party in a suit to adopt will be effective from the moment of birth, adoption, placement, or filing of such suit and will continue until the next premium due date or 60 days, whichever is later. After the premium due date, if additional premium is required, coverage will continue only if the Company has been notified in writing, within 90 days after the birth for the newborn child or within 60 days after the date of adoption or filing the petition for adoption, and any additional premium due has been paid. Coverage for a newly born child will include coverage for a hospital confinement due to Injury, sickness, congenital defects, birth abnormalities and premature birth. In no event will coverage for such child become effective before the Insured's Effective Date.}

{Late Enrollees. If the Insured does not apply for coverage on the Insured's {or Insured's Dependents'} initial eligibility date, the Insured may not apply for coverage for the Insured {and/or any of the Insured's Dependents} until the next Policy Anniversary Date, as shown in the Schedule of Benefits.}

BENEFITS

The following benefits are payable for each Insured Person while covered under the Policy as shown in the Schedule of Benefits:

{Dental Benefits

The Company will pay the benefits shown in the Schedule of Benefits for dental treatment services and supplies performed by or prescribed by a Dentist or Dental Hygienist.}

{Vision Benefits

{Vision Examination. The Company will pay the benefits as shown in the Schedule of Benefits for a Vision Examination performed by an Optometrist or Physician.}

{Vision Materials. The Company will pay the benefits as shown in the Schedule of Benefits for corrective Vision Materials prescribed by an Optometrist or Physician.}

{Refractive Surgery Benefit. The Company will pay the benefits as shown in the Schedule of Benefits for one of the following refractive surgical procedures to one or both eyes: LASIK, LASEK or PRK, if performed by a Physician or Ophthalmologist.}

{Loss of Sight Benefit. The Company will pay the benefits as shown in the Schedule of Benefits if an Insured Person suffers a permanent and irrecoverable loss of sight in one or both eyes due to an Injury within {90-365} days from the Accident date. The Injury and loss of sight must occur while the Insured Person is covered under the Policy.}}

{Hearing Benefits

{Hearing Examination Benefit. The Company will pay the benefits shown in the Schedule of Benefits for a Hearing Examination performed by a Physician, Otolaryngologist, Otologist or Audiologist to detect and diagnose Hearing Loss.}}

{Hearing Aid Benefit. The Company will pay the benefits shown in the Schedule of Benefits for a Hearing Aid prescribed by a Physician, Otolaryngologist, Otologist or Audiologist. The Hearing Aid must be ordered and received while the Insured Person is covered under the Policy.}}

EXCLUSIONS

General Exclusions

The Policy does not provide any benefits for treatment, services or supplies that are:

1. not specifically listed in the Schedule of Benefits;
2. caused by, related to, or required by the Policyholder or an employer as a condition of employment;
3. provided under any Workers' Compensation Law, Occupational Disease Law or similar legislation;
4. furnished by any agency or program funded by federal, state or local government. This exclusion does not apply to medical assistance benefits under Title XIX of the Social Security Act (Medicaid) or where prohibited by law;
5. due to a loss that occurs while the Insured Person is in the service of the Armed Forces of any country. Orders to active military service for training purposes of two months or less will not constitute service in the Armed Forces. Upon notice to the Company of entering the Armed Forces, the Company will return to the Insured Person pro rata any premium paid, less any benefits paid, for any period during which the Insured Person is in such service;
6. due to a loss that occurs while an Insured Person is engaging in any act or occupation which is a felony violation of the law of the jurisdiction where the loss or cause of loss occurred;
7. related to self-inflicted injuries, while sane or insane (while sane in Colorado, Missouri or Montana);
8. due to Participation in a Riot, insurrection, rebellion, civil disobedience or unlawful assembly. For this exclusion, "Participation" means to take an active part in common with others; "Riot" means any use or threat to use force or violence or disturbance by three or more persons without authority of law. This does not include a loss, which occurs while acting in a lawful manner within the scope of authority; or
9. due to a loss caused by declared or undeclared war or acts thereof.

{Vision Examination} {and} {Vision Materials} Exclusions

In addition to the General Exclusions, the Policy does not provide any Vision Examination or Vision Materials benefits for treatment, services or supplies that are for:

1. orthoptic or vision training, subnormal vision aids and any associated supplemental testing;
2. {any vision materials;} {any vision examination;}
3. {Aniseikonic lenses;}
4. medical and/or surgical treatment of the eye, eyes or supporting structures;
5. {safety eyewear;}
6. {plano (non-prescription) lenses and/or contact lenses;}
7. {{non-prescription} sunglasses;}
8. {two pair of glasses in lieu of bifocals;} or
9. {lost or broken lenses, frames, glasses, or contact lenses.}}

{Hearing Exclusions}

In addition to the General Exclusions, the Policy does not provide any hearing benefits for treatment, services or supplies that are:

1. {for {any hearing examination} {any hearing aid};}
2. for the medical and/or surgical treatment of the internal or external structures of the ear(s);
3. provided by a Hearing Aid Dispenser;
4. for Hearing Aid batteries, cleaning supplies or accessories;
5. for ear protection devices or plugs;
6. for Assistive Listening Devices; or
7. for replacement due to loss, theft of or damage to the Hearing Aid.}

TERMINATION OF INSURANCE

Termination of the Policy. The Policy may be terminated on the first of the following dates:

1. {any premium due date} {the first day of any month} {any date} on or after the first Policy Anniversary Date the Company requests termination. Written notice must be provided to the Policyholder at least {30-90} days prior to termination;
2. any date on or after the date the Company receives the Policyholder's written request for termination;
3. {the next premium due date following the date the number of persons covered under the Policy does not meet the minimum participation requirements of {2-100} {shown in the Policyholder's application};} or
4. the next premium due date following the date 100% of the eligible Members are not covered when a contribution is not required by the Member.

The Policyholder is responsible for notifying the Insured of the termination of the Policy.

Termination of the insurance of any Insured Person will be without prejudice to any claim originating before the date of termination.

Termination of Insured's Coverage under the Policy. An Insured's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Policy terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Insured submits a fraudulent claim;
4. {the first day of the month following} the date the Insured is no longer a Member of the Policyholder; or
5. {for retirees, the date the Insured attains age 65.}

{Termination of Dependent's Coverage under the Policy. The Dependent's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Insured's coverage terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Dependent submits a fraudulent claim;
4. the date the Dependent ceases to be an eligible Dependent, as defined;
5. {the date the Insured's spouse attains age 65;} or
6. the date the Policy is modified to exclude Dependent coverage.}

{Exceptions. If an Insured's premium is paid, coverage may be continued while that Insured is:

1. on approved leave of absence;
2. on temporary layoff;
3. on temporary part-time work basis; or
4. off work due to sickness or Injury.

Such coverage may continue to the earlier of: 1) six months after the Insured's last day of full-time work; or 2) the end of the period for which the Insured's premium is paid.}

PREMIUMS

The Company provides insurance coverage in return for premium payment. Premiums are payable to the Company. The Insured Person's first premium is due on the Insured Person's Effective Date. Premiums must be paid to the Company on or before the due date. The initial premium rates are shown in the Policyholder's application.

Premium Changes. The Company has the right to change the premium rates on any premium due date {on or after the first Policy Anniversary Date}. The Company will provide written notice at least {31 – 120} days before the date of change. The premium rates also may be changed at any time the terms of the Policy are changed.

Grace Period. The Policy has a 31-day grace period for the payment of each premium due after the first premium. Coverage will continue in force during the grace period. Coverage will terminate at the end of the grace period if all premiums due are not paid. The Company will require payment of all premiums for the period this coverage continues in force, including the premiums for the grace period. The grace period will not apply if the Company receives written notice of the Policyholder's or the Insured's intent to terminate coverage.

Unpaid Premium. When a claim is paid during the grace period, any premium due and unpaid for the Insured Person will be deducted from the claim payment.

CLAIM PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 30 days after a covered loss occurs, or as soon after that as is reasonably possible. Notice must be given by or on behalf of the claimant to the Company {at 3130 Broadway, Kansas City, Missouri 64111-2406}, or to its authorized administrator or to any of the Company's authorized agents. Notice must include the name of the Insured Person, the Policy Number and the nature of the loss.

Claim Forms. The Company will furnish claim forms to the Insured Person within 15 days after notice of claim is received. If the Company does not send the forms within that time, the Insured Person can send written proof of the occurrence, character and extent of loss for which the claim is made, within the time stated in the Policy for filing proof of loss.

Proof of Loss. Written proof of loss must be furnished to the Company at the Company's home office within 90 days after the date of the loss. Failure to furnish proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within that time, if the proof is furnished as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted later than one year from the time proof is required.

Time Payment of Claims. Any benefits payable under the Policy will be paid immediately upon receipt of due written proof of loss.

Payment of Claims. All benefits will be payable to the Insured{, unless assigned}. Any benefits payable on or after the Insured's death will be paid to the {Beneficiary}.

Beneficiary means the person or entity named on the Company's records to receive the benefit after the Insured dies. The Insured may name any person as Beneficiary. If two or more Beneficiaries are named, each will receive an equal portion of the benefit, unless the Insured designates otherwise.

The Insured may change the Beneficiary at any time on forms the Company provides, unless an irrevocable Beneficiary is named or the insurance is assigned. The change date is the date the written request is signed by the Insured. If the Company pays the benefit before the Company receives a change request, the Company is released from further liability under the Policy to the extent of the Company's payment. If the Beneficiary dies at the same time as the Insured, or within 15 days after the Insured dies, the Company will pay the benefits as if the Insured survived the Beneficiary.

If there is no designated Beneficiary when the Insured dies, the Company will pay the benefits to the } first of the following living persons:

1. the Insured's spouse;
2. the Insured's children, equally;
3. the Insured's parents, equally; or
4. the Insured's brothers and sisters, equally.

If none of the above persons is living on the date of the Insured's death, the Company will pay the benefits to the Insured's estate.

If any benefit is payable to an estate or to a minor or person not otherwise competent to give a valid release, the Company may pay such benefit, up to the amount allowed by the law of the state in which the minor or incompetent resides. Such payment will be made to the legal guardian of the minor or incompetent. Any payment made by the Company in good faith under this provision will fully discharge the Company to the extent of the payment.

Assignment. Benefits under the Policy may {not} be assigned.

Right of Recovery. If payment for claims exceeds the maximum amount payable under any benefit provisions or riders, the Company has the right to recover the excess of such payments.

Physical Examination. The Company, at the Company's expense, will have the right and opportunity to examine any Insured Person for whom a claim is pending when and as often as it may reasonably be required during the pendency of a claim.

Legal Actions. No Insured Person can bring an action at law or in equity to recover on the Policy until more than 60 days after the date written proof of loss has been furnished according to the Policy. No such action may be brought after the expiration of three years (six years in Alabama and South Carolina; five years in Kansas) after the time written proof of loss is required to be furnished. If the time limit of the Policy is less than allowed by the laws of the state where the Insured Person lives, the limit is extended to meet the minimum time allowed by such law.

GENERAL PROVISIONS

Certificates. A Certificate will be provided to the Insured. The Certificate will describe the coverage provided, to whom benefits are paid and the provisions of the Policy that apply to the Insured Person. The Certificate is not a part of the Policy. Any conflict between the terms of the Certificate and the Policy will be decided in favor of the Policy. A copy of the Policy may be examined at the office of the Policyholder.

Choice of Physician. The Insured Person is free to be treated by any Physician the Insured Person chooses.

Clerical Error. Clerical errors or delays in keeping records for the Policy will not deny insurance that would otherwise have been granted, nor extend insurance that otherwise would have ceased and call for a fair adjustment of premium and benefits to correct the error.

Conformity to Law. Any provision of the Policy that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

Entire Contract. The entire contract between the parties includes the Policy, any endorsement and riders, the Policyholder's application (that is attached to the Policy when issued) and the Insured's individual enrollment form, if any. All statements made by the Policyholder or an Insured will, in the absence of fraud, be deemed representations and not warranties, and no such statement will be used in defense of a claim hereunder unless it is contained in a written instrument signed by the Policyholder or the Insured or if the Insured designates, the Insured's Beneficiary or personal representative, a copy of which has been furnished to the Policyholder or the Insured or if the Insured designates, the Insured's Beneficiary or personal representative.

Amendments and Changes. No agent is authorized to alter or amend the Policy, or to waive any conditions or restrictions herein, or to extend the time for paying a premium. The Policy and the Certificate may be amended at any time, in writing, by mutual agreement between the Policyholder and the Company without the consent of the Insured, but without prejudice to any loss incurred prior to the effective date of the amendment. No person except an Officer of the Company has authority on behalf of the Company to modify the Policy or to waive or lapse any of the Company's rights or requirements.

Incontestability. After the Policy has been in force for two years, it can only be contested for nonpayment of premiums. No statement made by an Insured Person can be used in a contest after the Insured Person's insurance has been in force for two years during the Insured Person's lifetime. No statement an Insured Person makes can be used in a contest unless it is in writing and signed by the Insured Person.

Insurance Data. The Policyholder must give the Company the names and ages of all individuals initially insured. The names of persons who later become eligible (whether or not they become insured), and the names of those who cease to be eligible must also be given. The eligibility dates and any other necessary data must be given to the Company so that the premium can be determined.

The Company has the right to audit the Policyholder's books and records as they relate to this insurance. The Company can authorize someone else to perform the audit. Any such inspection may be done at any reasonable time.

Misstatement of Age. If the age of an Insured Person has been misstated, the Company will make an equitable adjustment of premiums. The Company will refund to the Insured any excess premium paid over the amount due for the correct benefit amount. The Company will request payment for any overdue premium for the correct benefit amount. If the misstatement is discovered after a benefit is due and payable, the Company will reduce or increase the benefit amount payable by the amount of excess or overdue premium due to the misstatement. If an Insured Person is not eligible for coverage because of age, the Company will refund all premiums paid on and/or after the date the Insured Person was no longer eligible.

Workers' Compensation. The Policy is not a Workers' Compensation policy. The Policy does not satisfy any requirement for coverage by Workers' Compensation Insurance.



FIDELITY SECURITY LIFE INSURANCE COMPANY

3130 Broadway
Kansas City, Missouri 64111-2406
Phone 800-648-8624
A STOCK COMPANY
(Herein Called "the Company")

{POLICY NUMBER: {Policy Number}}

{POLICYHOLDER: {"ABC" Association} {"ABC" Welfare Benefit {Trust} {Plan}}}

{POLICY EFFECTIVE DATE: {Month Day, Year}}

{POLICY ANNIVERSARY DATE: {Month Day, Year and each Month Day thereafter}}

The Certificate is issued to Insureds of the {above} Policyholder whose coverage is in effect according to the Company's records.

The Certificate describes the principal provisions of the Policy. Benefits are provided only while coverage is in force for an Insured Person according to the terms of the Policy.

All periods of insurance begin and end at 12:01 a.m. Local Time at the Policyholder's business address.

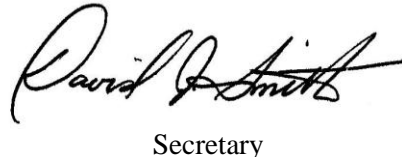
This Certificate replaces all certificates that may have been previously issued to the Insured under the Policy.

The Policy may be amended, changed, cancelled or discontinued without the consent of any Insured Person.

The Policy is issued by Fidelity Security Life Insurance Company at Kansas City, Missouri on the Policy Effective Date.

FIDELITY SECURITY LIFE INSURANCE COMPANY


President


Secretary

GROUP SUPPLEMENTAL LIMITED BENEFIT INDEMNITY CERTIFICATE
Providing {Dental} {Vision} {Refractive Surgery} {Loss of Sight} {and} {Hearing} Benefits
THIS IS A LIMITED BENEFIT CERTIFICATE
RENEWABLE AT THE OPTION OF THE COMPANY
Please read the Certificate carefully.

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DEFINITIONS

{**Accident** means an event occurring by chance or unintentionally after the Insured Person's Effective Date of coverage. An Accident must be independent of any Sickness.}

{**Assistive Listening Devices (ALDs)** means non-Hearing Aid devices used by a hearing impaired individual to improve communication and the performance of activities in specific environments. ALDs include devices such as infrared and FM personal amplifiers, amplification systems, alerting devices and closed captioning equipment.}

{**Audiologist** means a healthcare professional who has earned a Master's Degree (M.S., M.A. or M.E.d.) or Doctorate Degree (Au.D. or Ph.D.) in audiology or a related field of study, specializes in identifying, diagnosing, rehabilitating and monitoring disorders of the auditory and vestibular system portions of the ear, carries national board certification and is licensed under applicable state law to perform such services. He or she may not be the Insured Person or a member of the Insured Person's Immediate Family. Audiologist does not include a Hearing Aid Dispenser.}

{**Benefit Period** means the period of time when benefits are payable. Unless stated otherwise in the Schedule of Benefits, a Benefit Period is a {Calendar Year} {Policy Year}.

{**Calendar Year** means the period that starts with the Insured Person's Effective Date and ends on December 31st of the first year. Each following Calendar Year will start on January 1st of any year and end on December 31st of that year.}

Company means Fidelity Security Life Insurance Company.

{**Dental Hygienist** means an oral health care professional authorized to provide clinical and therapeutic services under the supervision of a licensed Dentist, including dental prophylaxis, radiography, administration of medications, and dental education.}

{**Dentist** means a person licensed by the state in which he or she is a resident to diagnosis and treat diseases and disorders of the oral cavity, maxillofacial area and adjacent and associated structures. He or she must be practicing within the scope of his or her license for the service or treatment given. He or she may not be the Insured Person or a member of the Insured Person's Immediate Family.}

{**Dependent** means any of the following whose coverage under the Policy has become effective and has not ended:

1. the Insured's lawful spouse{ or Domestic Partner};
2. {the child or children of the Insured or the Insured's spouse who are under 26 years of age;}
3. {the unmarried Dependent child or children of the Insured or of the Insured's spouse who are under {19-27} years of age ({21-27} years of age if a full-time student)}; and
4. the unmarried handicapped Dependent child of the Insured or of the Insured's spouse who has attained age {19-27}, provided such child was an Insured Person on the day immediately prior to attaining age {19-27}, is mentally handicapped or physically incapable of earning his or her own living. Proof of incapacity must be furnished to the Company.

Dependent includes a step-child, foster child, {grandchild,} legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and child under the Insured's legal guardianship, if such child depends primarily on the Insured for support. Dependent will also include a child for whom the Insured is legally required to support due to court order or divorce decree. {Full-time, as used in this definition, means actively attending at least the minimum number of hours of class a week the school considers as full-time status.}

{**Domestic Partner** means an adult who is in a committed relationship with the Insured and the Insured and the Domestic Partner are mutually responsible for one another financially and otherwise. The term "spouse," wherever used, will include a Domestic Partner.}

Effective Date means, for the Policy, the date shown in the Policy face page. Effective Date means, for an Insured Person, the date the Insured Person becomes covered under the Policy as shown in the Insured's Certificate. The Effective Date will begin at 12:01 a.m. Local Time at the Policyholder's business address.

{**Hearing Aid** means a device, which is an electroacoustic apparatus, which fits in or behind the wearer's ear and is designed to amplify and modulate sounds for the wearer.}

{**Hearing Aid Dispenser** means a hearing instrument specialist who dispenses Hearing Aids but does not have the training or licensing required of a Physician or Audiologist.}

{**Hearing Examination** means an examination that is performed by a Physician or Audiologist to detect and diagnose Hearing Loss. It includes advanced hearing tests and Hearing Aid recommendations.}

{**Hearing Loss** means the total or partial inability to hear sound in one or both ears.}

Home Office means the Company's office located at 3130 Broadway, Kansas City, Missouri, 64111-2406.

Immediate Family means an Insured Person or an Insured Person's spouse, parent, child, grandparent, brother, sister, in-law or any person residing in the Insured Person's home.

{**Injury** means bodily Injury sustained by an Insured Person caused by an Accident, directly and independently of all other causes, that occurs while the Policy is in force. All Injuries sustained by an Insured Person in any one Accident are considered a single Injury.}

Insured means a Member of the Policyholder whose coverage under the Policy has become effective and has not ended.

Insured Person means {either} an Insured {or Dependent}.

{**LASEK** (Laser Assisted Epithelium Keratomileusis) means a slight variation of the traditional LASIK procedure as described below. This surgical procedure utilizes a trephine to create an epithelial flap (as opposed to the deeper stromal flap with LASIK) and an alcohol solution to preserve the epithelial cells. Once the epithelial flap is created and lifted, the treatment proceeds as for traditional PRK, with light smoothing at its conclusion. The epithelial flap is then repositioned with a small spatula.}

{**LASIK** (Laser Assisted In-Situ Keratomileusis) means a surgical procedure involving the use of a computer-controlled excimer laser to reshape the cornea (epithelium) without invading the adjacent cell layers, and includes Custom Wavefront or Wavefront Guided LASIK and IntraLase Initiated LASIK. In LASIK, an automated microkeratome is used to shave off a thin, hinged layer of the cornea that is lifted, and the exposed surface is reshaped using the laser. After altering the cornea curvature, the flap is replaced and is adhered without stitches. In "IntraLase Initiated LASIK", a special laser is used instead of a blade to create the flap. In "Custom Wavefront" or "Wavefront-Guided LASIK" procedures, a 3-dimensional measurement of how the eye processes images is used to guide the laser in re-shaping the front part of the eye (cornea).}

Member means a person who meets the eligibility requirements shown in the Policyholder's application.

{**Ophthalmologist** means a person licensed by the state in which he or she resides who specializes in the diagnosis and treatment for defects, Injuries and diseases of the eye. An Ophthalmologist may perform delicate eye surgeries. He or she must be practicing within the scope of his or her license for the service or treatment given. He or she may not be the Insured Person or a member of the Insured Person's Immediate Family.}

{**Optometrist** means a person licensed by the state in which he or she resides to examine the eyes for visual defects, diagnose problems or impairments, and prescribe corrective lenses or provide other types of treatment. He or she must be practicing within the scope of his or her license for the service or treatment given. He or she may not be the Insured Person or a member of the Insured Person's Immediate Family.}

{Otolaryngologist} means an Ear, Nose and Throat (ENT) Doctor of Medicine (MD) licensed by the state in which he or she is a resident. He or she must be practicing within the scope of his or her license for the service or treatment given. He or she may not be the Insured Person or a member of the Insured Person's Immediate Family.}

{Otologist} means an Otolaryngologist licensed by the state in which he or she is a resident who specializes in the evaluation and treatment of the ear. He or she must be practicing within the scope of his or her license for the service or treatment given. He or she may not be the Insured Person or a member of the Insured Person's Immediate Family.}

Physician means a person licensed by the state in which he or she is a resident to practice the healing arts. He or she must be practicing within the scope of his or her license for the service or treatment given. He or she may not be the Insured Person or a member of the Insured Person's Immediate Family. {Physician does not include a Hearing Aid Dispenser.}

{Policy Year} means the 12-month period following the Policy Effective Date ending at 11:59 p.m. on the day immediately preceding the first Policy Anniversary Date. For an Insured Person, the Policy Year begins on the Insured Person's Effective Date and ends at 11:59 p.m. on the day immediately preceding the Policy Anniversary Date. Each subsequent Policy Year will begin on the Policy Anniversary Date and end at 11:59 p.m. on the day immediately preceding the next Policy Anniversary Date.}

Policyholder means the group in whose name the Policy is issued[, as shown in the Schedule of Benefits].

{PRK (Photorefractive Keratectomy)} means a surgical procedure involving removal of the surface layer of the cornea by gentle scraping and use of a computer-controlled excimer laser to reshape the stroma.}

{Refractive Surgery} means a surgical procedure which permanently alters the focusing power of the eye(s) in order to change refractive errors.}

Schedule of Benefits means the page which gives basic benefit information referenced in the Certificate.

{Vision Examination} means a comprehensive ophthalmological service as defined in the Current Procedural Technology (CPT) and the Documentation Guidelines listed under "Eyes-examination items". Comprehensive ophthalmological service describes a general evaluation of the complete visual system. The comprehensive services constitute a single service entity but need not be performed at one session. The service includes history, general medical observation, external and ophthalmoscopic examinations, gross visual fields and basic sensorimotor examination. It often includes, as indicated by examination, biomicroscopy, examination with cycloplegia or mydriasis and tonometry. It always includes initiation of diagnostic and treatment programs.}

{Vision Materials} means those materials used to aid in the correction of vision, including, but not limited to, lenses, {and} frames {or contact lenses}.

ELIGIBILITY AND EFFECTIVE DATE

New eligible persons will be added from time to time. In no event will coverage for any person become effective before the Policy Effective Date.

Insured Eligibility and Effective Date. Eligibility requirements are defined in the Policyholder's application. Coverage will be effective on the {first day of the month following the Insured's date of hire} {date shown in the Schedule of Benefits} {first day of the month} {15th of the month} {date of receipt of the Insured's individual enrollment form, if any}, subject to approval by the Company of the Insured's individual enrollment form, if any, and payment of the first premium.

{Dependent Eligibility and Effective Date. Insurance may be available to Dependents only if the Insured is eligible for such insurance under the Policy. An Insured's Dependents will be eligible for insurance under the Policy if the Dependent meets the eligibility requirements in the Policyholder's application. Coverage will be effective on the {first day of the month following the date the Dependent first became eligible} {date shown in the Schedule of Benefits} {first day of the

month} {15th of the month} {date of receipt of the Dependent's individual enrollment form, if any}, subject to approval by the Company of the Dependent's individual enrollment form, if any, and payment of the first premium. In no event, will coverage for any Dependent become effective before the Insured's Effective Date.

A spouse or child covered under the Policy as a Member will not be eligible as a Dependent. If a husband and wife are both covered as Members, a child will be the Dependent of only one parent.

Newborn and Adopted Children Eligibility and Effective Date. Coverage under the Policy for a newborn child will be effective from the moment of birth and will continue until the next premium due date or 90 days, whichever is later. Coverage under the Policy for an adopted child, child placed with the Insured for adoption, or child for whom the Insured is a party in a suit to adopt will be effective from the moment of birth, adoption, placement, or filing of such suit and will continue until the next premium due date or 60 days, whichever is later. After the premium due date, if additional premium is required, coverage will continue only if the Company has been notified in writing, within 90 days after the birth for the newborn child or within 60 days after the date of adoption or filing the petition for adoption, and any additional premium due has been paid. Coverage for a newly born child will include coverage for a hospital confinement due to Injury, sickness, congenital defects, birth abnormalities and premature birth. In no event will coverage for such child become effective before the Insured's Effective Date.}

{Late Enrollees. If the Insured does not apply for coverage on the Insured's {or Insured's Dependents'} initial eligibility date, the Insured may not apply for coverage for the Insured {and/or any of the Insured's Dependents} until the next Policy Anniversary Date, as shown in the Schedule of Benefits.}

BENEFITS

The following benefits are payable for each Insured Person while covered under the Policy as shown in the Schedule of Benefits:

{Dental Benefits

The Company will pay the benefits shown in the Schedule of Benefits for dental treatment services and supplies performed by or prescribed by a Dentist or Dental Hygienist.}

{Vision Benefits

{Vision Examination. The Company will pay the benefits as shown in the Schedule of Benefits for a Vision Examination performed by an Optometrist or Physician.}

{Vision Materials. The Company will pay the benefits as shown in the Schedule of Benefits for corrective Vision Materials prescribed by an Optometrist or Physician.}

{Refractive Surgery Benefit. The Company will pay the benefits as shown in the Schedule of Benefits for one of the following refractive surgical procedures to one or both eyes: LASIK, LASEK or PRK, if performed by a Physician or Ophthalmologist.}

{Loss of Sight Benefit. The Company will pay the benefits as shown in the Schedule of Benefits if an Insured Person suffers a permanent and irrecoverable loss of sight in one or both eyes due to an Injury within {90-365} days from the Accident date. The Injury and loss of sight must occur while the Insured Person is covered under the Policy.}}

{Hearing Benefits

{Hearing Examination Benefit. The Company will pay the benefits shown in the Schedule of Benefits for a Hearing Examination performed by a Physician, Otolaryngologist, Otologist or Audiologist to detect and diagnose Hearing Loss.}

{Hearing Aid Benefit. The Company will pay the benefits shown in the Schedule of Benefits for a Hearing Aid prescribed by a Physician, Otolaryngologist, Otologist or Audiologist. The Hearing Aid must be ordered and received while the Insured Person is covered under the Policy.}}

EXCLUSIONS

General Exclusions

The Policy does not provide any benefits for treatment, services or supplies that are:

1. not specifically listed in the Schedule of Benefits;
2. caused by, related to, or required by the Policyholder or an employer as a condition of employment;
3. provided under any Workers' Compensation Law, Occupational Disease Law or similar legislation;
4. furnished by any agency or program funded by federal, state or local government. This exclusion does not apply to medical assistance benefits under Title XIX of the Social Security Act (Medicaid) or where prohibited by law;
5. due to a loss that occurs while the Insured Person is in the service of the Armed Forces of any country. Orders to active military service for training purposes of two months or less will not constitute service in the Armed Forces. Upon notice to the Company of entering the Armed Forces, the Company will return to the Insured Person pro rata any premium paid, less any benefits paid, for any period during which the Insured Person is in such service;
6. due to a loss that occurs while an Insured Person is engaging in any act or occupation which is a felony violation of the law of the jurisdiction where the loss or cause of loss occurred;
7. related to self-inflicted injuries, while sane or insane (while sane in Colorado, Missouri or Montana);
8. due to Participation in a Riot, insurrection, rebellion, civil disobedience or unlawful assembly. For this exclusion, "Participation" means to take an active part in common with others; "Riot" means any use or threat to use force or violence or disturbance by three or more persons without authority of law. This does not include a loss, which occurs while acting in a lawful manner within the scope of authority; or
9. due to a loss caused by declared or undeclared war or acts thereof.

{Vision Examination} {and} {Vision Materials} Exclusions

In addition to the General Exclusions, the Policy does not provide any Vision Examination or Vision Materials benefits for treatment, services or supplies that are for:

1. orthoptic or vision training, subnormal vision aids and any associated supplemental testing;
2. {any vision materials;} {any vision examination;}
3. {Aniseikonic lenses;}
4. medical and/or surgical treatment of the eye, eyes or supporting structures;
5. {safety eyewear;}
6. {plano (non-prescription) lenses and/or contact lenses;}
7. {{non-prescription} sunglasses;}
8. {two pair of glasses in lieu of bifocals;} or
9. {lost or broken lenses, frames, glasses, or contact lenses.}}

{Hearing Exclusions}

In addition to the General Exclusions, the Policy does not provide any hearing benefits for treatment, services or supplies that are:

1. {for {any hearing examination} {any hearing aid};}
2. for the medical and/or surgical treatment of the internal or external structures of the ear(s);
3. provided by a Hearing Aid Dispenser;
4. for Hearing Aid batteries, cleaning supplies or accessories;
5. for ear protection devices or plugs;
6. for Assistive Listening Devices; or
7. for replacement due to loss, theft of or damage to the Hearing Aid.}

TERMINATION OF INSURANCE

Termination of the Policy. The Policy may be terminated on the first of the following dates:

1. {any premium due date} {the first day of any month} {any date} on or after the first Policy Anniversary Date the Company requests termination. Written notice must be provided to the Policyholder at least {30-90} days prior to termination;
2. any date on or after the date the Company receives the Policyholder's written request for termination;
3. {the next premium due date following the date the number of persons covered under the Policy does not meet the minimum participation requirements of {2-100} {shown in the Policyholder's application};} or
4. the next premium due date following the date 100% of the eligible Members are not covered when a contribution is not required by the Member.

The Policyholder is responsible for notifying the Insured of the termination of the Policy.

Termination of the insurance of any Insured Person will be without prejudice to any claim originating before the date of termination.

Termination of Insured's Coverage under the Policy. An Insured's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Policy terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Insured submits a fraudulent claim;
4. {the first day of the month following} the date the Insured is no longer a Member of the Policyholder; or
5. {for retirees, the date the Insured attains age 65.}

{Termination of Dependent's Coverage under the Policy. The Dependent's coverage under the Policy automatically ends on the first of the following dates:

1. the date the Insured's coverage terminates;
2. the date the required premium has not been paid, except as provided in the Grace Period provision;
3. the date the Dependent submits a fraudulent claim;
4. the date the Dependent ceases to be an eligible Dependent, as defined;
5. {the date the Insured's spouse attains age 65;} or
6. the date the Policy is modified to exclude Dependent coverage.}

{Exceptions. If an Insured's premium is paid, coverage may be continued while that Insured is:

1. on approved leave of absence;
2. on temporary layoff;
3. on temporary part-time work basis; or
4. off work due to sickness or Injury.

Such coverage may continue to the earlier of: 1) six months after the Insured's last day of full-time work; or 2) the end of the period for which the Insured's premium is paid.}

PREMIUMS

The Company provides insurance coverage in return for premium payment. Premiums are payable to the Company. The Insured Person's first premium is due on the Insured Person's Effective Date. Premiums must be paid to the Company on or before the due date. The initial premium rates are shown in the Policyholder's application.

Premium Changes. The Company has the right to change the premium rates on any premium due date {on or after the first Policy Anniversary Date}. The Company will provide written notice at least {31 – 120} days before the date of change. The premium rates also may be changed at any time the terms of the Policy are changed.

Grace Period. The Policy has a 31-day grace period for the payment of each premium due after the first premium. Coverage will continue in force during the grace period. Coverage will terminate at the end of the grace period if all premiums due are not paid. The Company will require payment of all premiums for the period this coverage continues in force, including the premiums for the grace period. The grace period will not apply if the Company receives written notice of the Policyholder's or the Insured's intent to terminate coverage.

Unpaid Premium. When a claim is paid during the grace period, any premium due and unpaid for the Insured Person will be deducted from the claim payment.

CLAIM PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 30 days after a covered loss occurs, or as soon after that as is reasonably possible. Notice must be given by or on behalf of the claimant to the Company {at 3130 Broadway, Kansas City, Missouri 64111-2406}, or to its authorized administrator or to any of the Company's authorized agents. Notice must include the name of the Insured Person, the Policy Number and the nature of the loss.

Claim Forms. The Company will furnish claim forms to the Insured Person within 15 days after notice of claim is received. If the Company does not send the forms within that time, the Insured Person can send written proof of the occurrence, character and extent of loss for which the claim is made, within the time stated in the Policy for filing proof of loss.

Proof of Loss. Written proof of loss must be furnished to the Company at the Company's home office within 90 days after the date of the loss. Failure to furnish proof within the time required will not invalidate or reduce any claim if it was not reasonably possible to give proof within that time, if the proof is furnished as soon as reasonably possible. In no event, except in the absence of legal capacity, will proof of loss be accepted later than one year from the time proof is required.

Time Payment of Claims. Any benefits payable under the Policy will be paid immediately upon receipt of due written proof of loss.

Payment of Claims. All benefits will be payable to the Insured{, unless assigned}. Any benefits payable on or after the Insured's death will be paid to the {Beneficiary}.

Beneficiary means the person or entity named on the Company's records to receive the benefit after the Insured dies. The Insured may name any person as Beneficiary. If two or more Beneficiaries are named, each will receive an equal portion of the benefit, unless the Insured designates otherwise.

The Insured may change the Beneficiary at any time on forms the Company provides, unless an irrevocable Beneficiary is named or the insurance is assigned. The change date is the date the written request is signed by the Insured. If the Company pays the benefit before the Company receives a change request, the Company is released from further liability under the Policy to the extent of the Company's payment. If the Beneficiary dies at the same time as the Insured, or within 15 days after the Insured dies, the Company will pay the benefits as if the Insured survived the Beneficiary.

If there is no designated Beneficiary when the Insured dies, the Company will pay the benefits to the } first of the following living persons:

1. the Insured's spouse;
2. the Insured's children, equally;
3. the Insured's parents, equally; or
4. the Insured's brothers and sisters, equally.

If none of the above persons is living on the date of the Insured's death, the Company will pay the benefits to the Insured's estate.

If any benefit is payable to an estate or to a minor or person not otherwise competent to give a valid release, the Company may pay such benefit, up to the amount allowed by the law of the state in which the minor or incompetent resides. Such payment will be made to the legal guardian of the minor or incompetent. Any payment made by the Company in good faith under this provision will fully discharge the Company to the extent of the payment.

Assignment. Benefits under the Policy may {not} be assigned.

Right of Recovery. If payment for claims exceeds the maximum amount payable under any benefit provisions or riders, the Company has the right to recover the excess of such payments.

Physical Examination. The Company, at the Company's expense, will have the right and opportunity to examine any Insured Person for whom a claim is pending when and as often as it may reasonably be required during the pendency of a claim.

Legal Actions. No Insured Person can bring an action at law or in equity to recover on the Policy until more than 60 days after the date written proof of loss has been furnished according to the Policy. No such action may be brought after the expiration of three years (six years in Alabama and South Carolina; five years in Kansas) after the time written proof of loss is required to be furnished. If the time limit of the Policy is less than allowed by the laws of the state where the Insured Person lives, the limit is extended to meet the minimum time allowed by such law.

GENERAL PROVISIONS

Certificates. A Certificate will be provided to the Insured. The Certificate will describe the coverage provided, to whom benefits are paid and the provisions of the Policy that apply to the Insured Person. The Certificate is not a part of the Policy. Any conflict between the terms of the Certificate and the Policy will be decided in favor of the Policy. A copy of the Policy may be examined at the office of the Policyholder.

Choice of Physician. The Insured Person is free to be treated by any Physician the Insured Person chooses.

Clerical Error. Clerical errors or delays in keeping records for the Policy will not deny insurance that would otherwise have been granted, nor extend insurance that otherwise would have ceased and call for a fair adjustment of premium and benefits to correct the error.

Conformity to Law. Any provision of the Policy that is in conflict with the laws of the state in which it is issued is amended to conform with the laws of that state.

Entire Contract. The entire contract between the parties includes the Policy, any endorsement and riders, the Policyholder's application (that is attached to the Policy when issued) and the Insured's individual enrollment form, if any. All statements made by the Policyholder or an Insured will, in the absence of fraud, be deemed representations and not warranties, and no such statement will be used in defense of a claim hereunder unless it is contained in a written instrument signed by the Policyholder or the Insured or if the Insured designates, the Insured's Beneficiary or personal representative, a copy of which has been furnished to the Policyholder or the Insured or if the Insured designates, the Insured's Beneficiary or personal representative.

Amendments and Changes. No agent is authorized to alter or amend the Policy, or to waive any conditions or restrictions herein, or to extend the time for paying a premium. The Policy and the Certificate may be amended at any time, in writing, by mutual agreement between the Policyholder and the Company without the consent of the Insured, but without prejudice to any loss incurred prior to the effective date of the amendment. No person except an Officer of the Company has authority on behalf of the Company to modify the Policy or to waive or lapse any of the Company's rights or requirements.

Incontestability. After the Policy has been in force for two years, it can only be contested for nonpayment of premiums. No statement made by an Insured Person can be used in a contest after the Insured Person's insurance has been in force for two years during the Insured Person's lifetime. No statement an Insured Person makes can be used in a contest unless it is in writing and signed by the Insured Person.

Insurance Data. The Policyholder must give the Company the names and ages of all individuals initially insured. The names of persons who later become eligible (whether or not they become insured), and the names of those who cease to be eligible must also be given. The eligibility dates and any other necessary data must be given to the Company so that the premium can be determined.

The Company has the right to audit the Policyholder's books and records as they relate to this insurance. The Company can authorize someone else to perform the audit. Any such inspection may be done at any reasonable time.

Misstatement of Age. If the age of an Insured Person has been misstated, the Company will make an equitable adjustment of premiums. The Company will refund to the Insured any excess premium paid over the amount due for the correct benefit amount. The Company will request payment for any overdue premium for the correct benefit amount. If the misstatement is discovered after a benefit is due and payable, the Company will reduce or increase the benefit amount payable by the amount of excess or overdue premium due to the misstatement. If an Insured Person is not eligible for coverage because of age, the Company will refund all premiums paid on and/or after the date the Insured Person was no longer eligible.

Workers' Compensation. The Policy is not a Workers' Compensation policy. The Policy does not satisfy any requirement for coverage by Workers' Compensation Insurance.

SCHEDULE OF BENEFITS

{Policy Number:} {###}
{Policyholder:} {"ABC" Association} {"ABC" Union Welfare Benefit {Trust} {Plan}}
{Policy Effective Date:} {Month Day, Year}
{Policy Anniversary Date:} {Month Day, Year} and each {Month Day} thereafter
{Benefit Period:} {Month Day – Month Day}
{Insured:} {John Doe} **{Effective Date:}** {MM/DD/YYYY}
{Dependents:} {Spouse, Jane Doe}
{Insured Persons:} {All Members in an eligible class}
 {All eligible Dependents, if elected}

Insurance benefits are determined by this Schedule of Benefits and the terms of the Policy.

Benefit	Benefit Amount
{Dental Benefits}	
{Routine oral examinations, initial or periodic, no less than six months apart, two examinations per Benefit Period}	{ \$5 - \$100 }
{X-rays or bitewing or full mouth, one per Benefit Period}	{ \$5 - \$100 }
{Prophylaxis (the cleaning and scaling of teeth, no less than six months apart, two cleanings per Benefit Period}	{ \$5 - \$100 }
{Topical application of sodium fluoride or stannous fluoride for Dependent children to age { 14 - 21 }, one per Benefit Period}	{ \$5 - \$100 }
{Sealants for Dependents to age { 14 - 21 }, one treatment per Benefit Period}	{ \$5 - \$100 }
{Amalgam or silicate or acrylic or composite filling, one filling per Benefit Period}	{ \$5 - \$100 }
{Vision Benefits}	
{Vision Examination, one per 12 consecutive month period following the later of the Insured Person's Effective Date or the date of the last covered Vision Examination}	{ \$5 - \$100 }
{Vision Materials (lenses and frames {or contact lenses}), one per {12} {24} consecutive month period following the later of the Insured Person's Effective Date or the date the last covered Vision Materials were provided}	{ \$5 - \$300 }
{Refractive Surgery, one time per Insured Person, per lifetime}	{ \$100 - \$1,000 }
{Loss of Sight, one time per Insured Person, per lifetime}	{ \$1,000 }
{Hearing Benefits}	
{Hearing Examination, one per 12 consecutive month period following the later of the Insured Person's Effective Date or the date of the last covered Hearing Examination}	{ \$10 - \$100 }
{Hearing Aid, one per ear, per {24} {36} consecutive month period following the later of the Insured Person's Effective Date or the date last fitted for a covered Hearing Aid}	{ \$50 - \$1,000 }

THIS SCHEDULE OF BENEFITS IS ATTACHED TO AND MADE A PART OF YOUR CERTIFICATE OF INSURANCE. THIS SCHEDULE OF BENEFITS REPLACES AND CANCELS ALL OTHER SCHEDULES OF BENEFITS ISSUED {PRIOR TO THE DATE SHOWN BELOW} FOR THE PERSON NAMED UNDER THIS POLICY NUMBER.

SERFF Tracking Number: FDLT-128462939 State: Arkansas
 Filing Company: Fidelity Security Life Insurance Company State Tracking Number:
 Company Tracking Number: M-9124
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Group Supplemental Limited Benefit Indemnity
 Project Name/Number: Group Supplemental Limited Benefit Indemnity /M-9124

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved	06/11/2012
Comments: Please see attached.		
Attachment: M-9124AR Readability Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved	06/11/2012
Comments: The Group Application form A-01144 and Enrollment form A-01145 were submitted separately under SERFF filing #FDLT-128462932. A copy has been attached for your reference.		
Attachments: A-01144.pdf A-01145.pdf		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved	06/19/2012
Bypass Reason: Not Applicable, this is not an individual health product.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved	06/19/2012
Bypass Reason: Not Applicable, this is not an individual health product.		
Comments:		

Item Status:	Status Date:
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<i>SERFF Tracking Number:</i>	<i>FDLT-128462939</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Fidelity Security Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>M-9124</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Group Supplemental Limited Benefit Indemnity</i>		
<i>Project Name/Number:</i>	<i>Group Supplemental Limited Benefit Indemnity /M-9124</i>		
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved	06/19/2012
Bypass Reason:	Not applicable. This is not a PPACA filing.		
Comments:			

		Item Status:	Status
			Date:
Satisfied - Item:	Statement of Variability	Approved	06/11/2012
Comments:	Please see attached.		
Attachment:	M-9124AR Statement of Variables.pdf		

FIDELITY SECURITY LIFE INSURANCE COMPANY

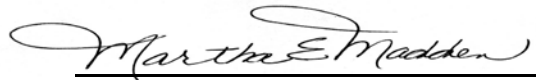
Kansas City, Missouri

I, AN OFFICER OF Fidelity Security Life, certify that the Flesch reading ease score for policy form(s) _____* meets the minimum requirements of the NAIC Policy Language Model Simplification Act.

In accordance with the NAIC Model Act, certain language has been excepted. Such language includes the following: (a) name and address of Fidelity Security Life Insurance Company; name, number and title of the policy; index page; captions and subcaptions; specifications pages, schedules and tables; (b) all words defined in the policy; and (c) medical terminology, if applicable.

* M-9124AR
C-9124AR
S-9124

Combined = 60.68



Martha E. Madden
Vice President and General Counsel

June 8, 2012

Date

APPLICATION FOR GROUP SUPPLEMENTAL LIMITED BENEFIT INDEMNITY INSURANCE

Underwritten by Fidelity Security Life Insurance Company, Kansas City, Missouri 64111

Policy No. { }

1 GROUP INFORMATION:

Group Name: _____ Tax ID #: _____
DBA Name (if other than above): _____
Business Address: _____ City: _____ State: _____ ZIP: _____
Mailing Address: _____ City: _____ State: _____ ZIP: _____
{Correspondent} {Primary Contact}: _____ Title: _____
Phone Number: () _____ Fax Number: () _____
E-Mail Address: _____
Type of Business: ☐ Proprietorship ☐ Corporation ☐ Other (Specify): _____

PLEASE NOTE THE FOLLOWING TYPE BUSINESSES REQUIRE PRIOR COMPANY APPROVAL:☐ MEWA ☐ PEO ☐ Trust ☐ Union ☐ Indian Tribe

{If any subsidiary or affiliated companies are to be insured or any Employees/Members are working at a location other than the address above, please list (subsidiary and affiliated companies require prior Company approval): _____}

Will this plan replace any existing coverage? ☐ Yes ☐ No

If "Yes", indicate name of existing insurer and type of coverage:

Name: _____

Type of existing Coverage: _____

2 PREMIUMS:

Insurance shall be:

Employee/Member Only Cost: _____ % Group Contribution _____ % Employee/Member Contribution

{Dependent Cost: _____ % Group Contribution _____ % Employee/Member Contribution}

{Are Employee/Member {and Dependent} premiums paid through a Section 125 Plan? ☐ Yes ☐ No}

{Are Employee/Member {and Dependent} premiums collected via payroll deduction? ☐ Yes ☐ No}

Premiums shall be payable {monthly} {in advance} {in arrears} at the rates {set forth in this application} {shown in the attached proposal page}.

3 BILLING CONTACT:

Contact Person Name/Title: _____

Mailing/Billing Address: _____

{Are multiple billings required? ☐ Yes ☐ No If Yes, attach a list of each location and their physical address. (NOTE: Agent must be licensed and appointed in each state.)}

4 ELIGIBILITY:

Total number of Employees/Members: _____ {Are retirees to be covered? ☐ Yes ☐ No If "Yes,"

Number of Employees/Members eligible for this plan: _____ number of retirees eligible for this plan: _____}

Number of Employees/Members participating: _____

Are Dependents covered under this Plan? ☐ Yes ☐ No {Minimum number of hours eligible Employees/Members must work per week: _____}

{Number of Dependents to be covered: _____}

Are Domestic Partners covered under this Plan?* ☐ Yes ☐ No

Dependent Children covered to age*: {☐ 19} {☐ 23} ☐ 26** Other _____

Dependent Children covered if a full-time student?* ☐ Yes ☐ No

If "Yes," Dependent full-time students covered to age*: {☐ 23} {☐ 25} ☐ 26** ☐ 27 Other _____

*Unless state law has different requirements.

**Dependent Children covered to age 26 regardless of financial dependency, residency, student status or marital status.

5 PLAN SELECTION:

{Please refer to the attached proposal page.}

<input type="checkbox"/> {Plan A}	<input type="checkbox"/> {Plan B}	<input type="checkbox"/> {Plan C}
{Plan A Description}}	{Plan B Description}}	{Plan C Description}}

<input type="checkbox"/> Dental Indemnity Benefits	<input type="checkbox"/> {Plan B}	<input type="checkbox"/> {Plan C}
{Plan A Description}}	{Plan B Description}}	{Plan C Description}}

<input type="checkbox"/> Vision Indemnity Benefits	<input type="checkbox"/> Vision Examination and Vision Materials	<input type="checkbox"/> Vision Materials Only
<input type="checkbox"/> Vision Examination Only	{ \$5 - \$100 / \$5 - \$300 }	{ \$5 - \$300 }
{ \$5 - \$100 }		

<input type="checkbox"/> Refractive Surgery	{and} <input type="checkbox"/> Loss of Sight
{ \$100 - \$1,000 }	{ \$1,000 }

<input type="checkbox"/> Hearing Indemnity Benefits	<input type="checkbox"/> Hearing Examination and Hearing Aid	<input type="checkbox"/> Hearing Aid Only
<input type="checkbox"/> Hearing Examination Only	{ \$10 - \$100 / \$50 - \$1,000 }	{ \$50 - \$1,000 }
{ \$10 - \$100 }		

<input type="checkbox"/> Term Life Benefit	<input type="checkbox"/> Employee/Member	{ \$2,500 - \$100,000 }	<input type="checkbox"/> Dependent Child(ren)	
	{ Spouse / Domestic Partner }	{ \$1,250 - \$50,000 }	Age 6 months or older	{ \$500 - \$5,000 }
			Age 14 days to 6 months	{ \$100 - \$500 }
			Birth to 14 days	Not Applicable

6 ENROLLMENT/PARTICIPATION REQUIREMENTS:**{Employee/Member Enrollment:}** Each Employee/Member may request coverage for himself or herself {and his or her eligible Dependents}.**{Delayed Enrollment:}** Each Employee/Member who waives or declines insurance when he or she becomes eligible will not be eligible again until {the next Policy anniversary date} {the next open enrollment for this plan}. {If insurance is waived or declined for eligible Dependents, such Dependents will not become eligible again until {the next Policy Anniversary Date} {the next open enrollment for this plan}.}**{Participation Requirement}**

Minimum Number of eligible Employees/Members that must be covered under the Policy: _____

{If the Group pays 100% of the Employee's/Member's {or Dependent's} premium, 100% of all eligible Employees/Members {or Dependents} must be covered under the Policy.}

7 EFFECTIVE DATE:

The effective date of this insurance applied for will be the first day of the month following the acceptance of the {Enrollment Forms} {or} {eligibility file} by the Company and receipt of premium payment.

{Requested effective date for Group: _____}

{New Employees/Members are eligible the first of the month following employment/membership.}

The Group hereby makes application to Fidelity Security Life Insurance Company for Benefits. The Group agrees to maintain and furnish any records necessary to administer this plan and to forward premiums {monthly} {in advance} {in arrears}.

The Group certifies that all the information shown in this application and any attachments are correct and complete as of the date this application is signed. All statements are representations and not warranties. The Group understands that the Company intends to rely on this information in determining whether or not the enrolling Employees/Members {and their Dependents} may become insured. It is further understood and agreed that **NO INSURANCE WILL BECOME EFFECTIVE UNTIL APPROVED BY THE COMPANY;** and that no field representative of the Company has the authority to modify any conditions of the application or the Policy by making any promise or representation.

The Group understands that the Policy is issued at the premiums set forth herein based upon the percentage of contribution made by the Group and the number of eligible Employees/Members. The Group is responsible for advising the Company of any changes. If the percentage of contributions is changed or the number of eligible Employees/Members is increased or decreased and such change would affect the rates of the Group, the Company reserves the right, without prejudice, to change the Group's premium to the applicable rate for a group of such contribution and/or size. The change in premium would become effective on the first of the month following the calendar month in which such change occurred.

{I hereby represent that I have reviewed the fraud warning notice (if applicable) in this application for the Group's state of domicile.} {Place Fraud Statement here.}Signature of Group  _____ Title _____ Date _____

Contact Person _____ Daytime Telephone No. _____

Producer's Signature  _____ Date _____

{FRAUD WARNING NOTICE	
{For residents of all states (except the following:)}	{Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.}
{Arkansas} {Louisiana} {Rhode Island} {West Virginia}	{Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.}
{Colorado}	{It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.}
{District of Columbia}	{Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the Applicant.}
{Florida}	{Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.}
{Kentucky}	{Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.}
{Maine} {Tennessee} {Washington}	{It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.}
{Maryland}	{Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.}
{Kansas} {Nebraska} {Oregon} {Texas}	{Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.}
{New Jersey}	{Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.}
{New Mexico}	{Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.}
{North Carolina}	{Any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties.}
{Oklahoma}	{WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.}
{Pennsylvania}	{Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.}
{Virginia}	{Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.}

{Marketing Name}	Enrollment/Change Form Please print and complete <u>all</u> sections. See instructions below.	Underwritten by Fidelity Security Life Insurance Company 3130 Broadway Kansas City, MO 64111-2406				
GROUP INFORMATION						
Group Number	GROUP Name	Location Code	Division Code	Effective Date		
EMPLOYEE/MEMBER INFORMATION A: Add (enroll) T: Terminate C: Change (change of name, address or phone)						
<input type="checkbox"/> ADD <input type="checkbox"/> TERM <input type="checkbox"/> CHG	Sex <input type="checkbox"/> M <input type="checkbox"/> F	ID Number	Last Name (Employee/Member)	First Name	M.I.	Date of Birth
Social Security Number		Home Street Address		City/State/Zip		Home Phone ()
FAMILY INFORMATION (Only those eligible may be enrolled.) A: Add (enroll) T: Terminate C: Change (change of name)						
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (spouse)	First Name	M.I.	Date of Birth	Social Security Number
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number
{I hereby represent that I have reviewed the fraud warning notice (if applicable) in this application for the Group's state of domicile.} {Place Fraud Statement here.}						
Employee/Member Signature: ►				Date: _____		

Instructions:

Group Name: Legal name of the Employer or Group.

Group Number: Provided by Fidelity Security Life Insurance Company (FSL) or FSL's representative.

Location Code: Optional field for Groups to track multiple locations.

Effective Date: Date set by Group in accordance with FSL proposal. Group also sets effective date for new adds while the Policy is in force.

Family Information: List only eligible family members who are enrolling.

(A) Add: Open (group) enrollment or new (individual) enrollment while the Policy is in force.

(T) Terminate: To terminate enrollment.

(C) Change: A change of name, employee/member address or employee phone number.

{FRAUD WARNING NOTICE	
{For residents of all states (except the following:)}	{ Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud. }
{Arkansas} {Louisiana} {Rhode Island} {West Virginia}	{ Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. }
{Colorado}	{ It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies. }
{District of Columbia}	{ Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the Applicant. }
{Florida}	{ Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree. }
{Kentucky}	{ Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. }
{Maine} {Tennessee} {Washington}	{ It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. }
{Maryland}	{ Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. }
{Kansas} {Nebraska} {Oregon} {Texas}	{ Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud. }
{New Jersey}	{ Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. }
{New Mexico}	{ Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. }
{North Carolina}	{ Any person with the intent to injure, defraud, or deceive an insurer or insurance claimant is guilty of a crime (Class H felony) which may subject the person to criminal and civil penalties. }
{Oklahoma}	{ WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. }
{Pennsylvania}	{ Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. }
{Virginia}	{ Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law. }

Explanation of Variables
Forms M-9124AR, C-9124AR, S-9124

POLICY – M-9124AR

Cover Page:	
Policy Number	Number assigned to the Policy by Fidelity Security Life Insurance Company.
Policyholder	Policyholder's Name.
Policy Effective Date	Effective Date of the Policy.
Policy Anniversary Date	Anniversary Date of the Policy.
any premium due date the first day of any month any date	One option as elected by the Company and/or the Policyholder.
30-90	Number of days for termination notice within the range shown.
Dental, Vision, Refractive Surgery, Loss of Sight and Hearing	The benefits provided by the Policy may be in any combination of two or more as elected by the Policyholder and/or the Company.
DEFINITIONS	
Accident	The definition will be in or out depending upon whether or not the Loss of Sight benefit is elected by the Policyholder and/or the Company.
Assistive Listening Devices (ALDs)	The definition will be in or out depending upon whether or not the Hearing benefits are elected by the Policyholder and/or the Company.
Audiologist	The definition will be in or out depending upon whether or not the Hearing benefits are elected by the Policyholder and/or the Company.
Benefit Period Calendar Year, Policy Year	The definition will be in or out depending upon whether or not the Dental benefits are elected by the Policyholder and/or the Company. The Benefit Period will either be defined as a Calendar Year or a Policy Year.
Calendar Year	The definition will be in or out depending upon whether or not the Dental benefits are elected by the Policyholder and/or the Company and the benefits are based upon Calendar Year and not Policy Year.
Dental Hygienist	The definition will be in or out depending upon whether or not the Dental benefits are elected by the Policyholder and/or the Company.
Dentist	The definition will be in or out depending upon whether or not the Dental benefits are elected by the Policyholder and/or the Company.
Dependent or Domestic Partner 2. the child or children of the Insured or the Insured's spouse who are under 26 years of age 3. the unmarried Dependent child or children of the Insured or of the Insured's spouse who are under {19-27} years of age {{21-27} years of age if a full-time student grandchild, Full-time, as used in this definition, means actively attending at least the minimum number of hours of class a week the school considers as full-time status.	The definition will be in or out depending upon whether or not Dependent coverage is elected by the Policyholder. Domestic Partners may or may not be covered as elected by the Policyholder. Either item 2 or item 3 will be included for Dependent Children depending upon whether or not the Policyholder elects to cover Dependent Children to age 26 without restrictions or elects to cover Dependent Children to a certain age and may or may not elect to cover Dependent Children who are students. If Dependent Children who are students are covered, the definition of Full-time will be included. The ages for Dependent Children are within the range shown.

Domestic Partner	The definition will be in or out depending upon whether or not the Policyholder elects to cover Domestic Partners.
Employee and meeting the minimum hourly requirements shown in the Policyholder's application. Employee also includes a retiree, but only if a retiree class is requested by the Policyholder in the application for insurance.	The minimum hourly requirement and retirees are in or out depending upon the eligibility requirements of the Policyholder.
Hearing Aid	The definition will be in or out depending upon whether or not the Hearing Aid benefit is elected by the Policyholder and/or the Company.
Hearing Aid Dispenser	The definition will be in or out depending upon whether or not the Hearing benefits are elected by the Policyholder and/or the Company.
Hearing Examination	The definition will be in or out depending upon whether or not the Hearing Examination benefit is elected by the Policyholder and/or the Company.
Hearing Loss	The definition will be in or out depending upon whether or not the Hearing Examination benefit is elected by the Policyholder and/or the Company.
Injury	The definition will be in or out depending upon whether or not the Loss of Sight benefit is elected by the Policyholder and/or the Company.
Insured Person either or Dependent	In or out depending upon whether or not Dependent coverage is elected by the Policyholder.
LASEK	The definition will be in or out depending upon whether or not the Refractive Surgery benefit is elected by the Policyholder and/or the Company.
LASIK	The definition will be in or out depending upon whether or not the Refractive Surgery benefit is elected by the Policyholder and/or the Company.
Ophthalmologist	The definition will be in or out depending upon whether or not the Refractive Surgery benefit is elected by the Policyholder and/or the Company.
Optometrist	The definition will be in or out depending upon whether or not the Vision Examination and/or Vision Materials benefits are elected by the Policyholder and/or the Company.
Otolaryngologist	The definition will be in or out depending upon whether or not the Hearing benefits are elected by the Policyholder and/or the Company.
Otologist	The definition will be in or out depending upon whether or not the Hearing benefits are elected by the Policyholder and/or the Company.
Physician Physician does not include a Hearing Aid Dispenser.	The last sentence will be in or out depending upon whether or not the Hearing benefits are elected by the Policyholder and/or the Company.
Policy Year	The definition will be in or out depending upon whether or not the Dental benefits are elected by the Policyholder and/or the Company and the benefits are based upon Policy Year, and not Calendar Year.

Policyholder , as shown in the Schedule of Benefits	The phrase will be in or out depending upon whether or not the Policyholder's name is shown on the face page of the Certificate or the Schedule.
PRK	The definition will be in or out depending upon whether or not the Refractive Surgery benefit is elected by the Policyholder and/or the Company.
Refractive Surgery	The definition will be in or out depending upon whether or not the Refractive Surgery benefit is elected by the Policyholder and/or the Company.
Vision Examination	The definition will be in or out depending upon whether or not the Vision Examination benefit is elected by the Policyholder and/or the Company.
Vision Materials and or contact lenses	The definition will be in or out depending upon whether or not the Vision Materials benefit is elected by the Policyholder and/or the Company. "And" and "contact lenses" are in or out depending upon whether or not the Policyholder and/or the Company elects to cover contact lenses under the Vision Materials benefit.
ELIGIBILITY AND EFFECTIVE DATE	
Insured Eligibility and Effective Date first day of the month following the Insured's date of hire date shown in the Schedule of Benefits first day of the month 15 th of the month date of receipt of the Insured's individual enrollment form, if any	Only one option will be used as elected by the Policyholder and/or the Company.
Dependent Eligibility and Effective Date first day of the month following the date the Dependent first became eligible date shown in the Schedule of Benefits first day of the month 15 th of the month date of receipt of the Dependent's individual enrollment form, if any	The provision will be in or out depending upon whether or not Dependent coverage is elected by the Policyholder. Only one option will be used as elected by the Policyholder and/or the Company.
Newborn and Adopted Children Eligibility and Effective Date	The provision will be in or out depending upon whether or not Dependent coverage is elected by the Policyholder.
Late Enrollees or Insured's Dependents' and/or any of the Insured's Dependents	The provision will be in or out depending upon the eligibility requirements of the Policyholder and/or the Company. References to Dependents will be in or out depending upon whether or not Dependent coverage is elected by the Policyholder.
BENEFITS	The Policyholder and/or Company may elect to cover two or more benefits in any combination of benefits. At least two benefits must be elected.
Dental Benefits	The benefit will be in or out depending upon whether or not the Dental benefits are elected by the Policyholder and/or the Company.
Vision Benefits	The provision will be in or out depending upon whether or not any of the Vision benefits are elected by the Policyholder and/or the Company.
Vision Examination	The benefit will be in or out depending upon whether or not the Vision Examination benefit is elected by the Policyholder and/or the Company.

Vision Materials	The benefit will be in or out depending upon whether or not the Vision Materials benefit is elected by the Policyholder and/or the Company.
Refractive Surgery Benefit	The benefit will be in or out depending upon whether or not the Refractive Surgery benefit is elected by the Policyholder and/or the Company.
Loss of Sight Benefit 90-365	The benefit will be in or out depending upon whether or not the Loss of Sight benefit is elected by the Policyholder and/or the Company. The number of days from the date of the Injury to the date of loss will be within the range shown.
Hearing Benefits	The provision will be in or out depending upon whether or not any of the Hearing benefits are elected by the Policyholder and/or the Company.
Hearing Examination Benefit	The benefit will be in or out depending upon whether or not the Hearing Examination benefit is elected by the Policyholder and/or the Company.
Hearing Aid Benefit	The benefit will be in or out depending upon whether or not the Hearing Aid benefit is elected by the Policyholder and/or the Company.
EXCLUSIONS	
Vision Examination and Vision Materials	The exclusions will be in or out depending upon whether or not the Vision Examination and/or the Vision Materials benefits are elected by the Policyholder and/or the Company.
any vision materials; any vision examination	If only Vision Materials are covered, vision examination will be excluded. If only Vision Examination is covered, vision materials will be excluded. If both are covered, the exclusion will be deleted.
Aniseikonic lenses	The exclusion will be included if Vision Materials are elected.
safety eyewear	The exclusion will be included if Vision Materials are elected.
plano (non-prescription) lenses and/or contact lenses	The exclusion will be included if Vision Materials are elected.
{non-prescription} sunglasses	The exclusion will be included if Vision Materials are elected. Non-prescription is in or out depending upon whether or not the group requests to exclude all sunglasses and not just non-prescription sunglasses.
two pair of glasses in lieu of bifocals	The exclusion will be included if Vision Materials are elected.
lost or broken lenses, frames, glasses, or contact lenses	The exclusion will be included if Vision Materials are elected.
Hearing Exclusions	The exclusions will be in or out depending upon whether or not the Hearing Examination and/or the Hearing Aid benefits are elected by the Policyholder and/or the Company.
for any hearing examination any hearing aid	If only Hearing Aids are covered, hearing examination will be excluded. If only Hearing Examination is covered, hearing aids will be excluded. If both are covered, the exclusion will be deleted.
TERMINATION OF INSURANCE	
Termination of the Policy 1. any premium due date, the first day of any month, any date 30-90 3. the next premium due date following the date the number of persons covered under the Policy does not meet the minimum participation requirements of {2-100} shown in the Policyholder's application	For item 1, only one option will be used when the Policy will terminate as elected by the Policyholder and/or Company. The time frame for notifying the Policyholder is within the range shown as elected by the Policyholder and/or Company. For item 3, the item is in or out as elected by the Company depending upon the group. Either the option to show the exact number within the range shown or to show the number in the application will be used as elected by the Company.
Termination of Insured's Coverage under the Policy the first day of the month following for retirees, the date the Insured attains age 65	Item 4 is in or out to allow coverage to continue through the end of the month if elected by the Policyholder and/or the Company. Item 5 is in or out depending upon whether or not the Policyholder's eligibility requirements includes coverage for retirees to age 65.

Termination of Dependent's Coverage under the Policy the date the Insured's spouse attains age 65	This provision is in or out depending upon whether or not Dependent coverage is elected by the Policyholder and/or Company. Item 5 is in or out depending upon whether or not the Policyholder's eligibility requirements includes coverage for a spouse to age 65.
Exceptions	This provision is in or out depending upon the Policyholder's eligibility requirements.
PREMIUMS	
Premium Changes on or after the first Policy Anniversary Date, 31 – 120	The phrase is in or out as elected by the Company. The number of days within the range shown that notice of a premium change will be provided to the Policyholder.
CLAIM PROVISIONS	
Notice of Claim at 3130 Broadway, Kansas City, Missouri 64111-2406	The address of the Company is variable in order to revise if the Company moves.
Payment of Claims , unless assigned Beneficiary. Beneficiary means the person or entity named on the Company's records to receive the benefit after the Insured dies. The Insured may name any person as Beneficiary. If two or more Beneficiaries are named, each will receive an equal portion of the benefit, unless the Insured designates otherwise. The Insured may change the Beneficiary at any time on forms the Company provides, unless an irrevocable Beneficiary is named or the insurance is assigned. The change date is the date the written request is signed by the Insured. If the Company pays the benefit before the Company receives a change request, the Company is released from further liability under the Policy to the extent of the Company's payment. If the Beneficiary dies at the same time as the Insured, or within 15 days after the Insured dies, the Company will pay the benefits as if the Insured survived the Beneficiary. If there is no designated Beneficiary when the Insured dies, the Company will pay the benefits to the	In or out depending upon whether or not benefits can be assigned. The Beneficiary provision will be included if a life benefit is elected by the Policyholder and added to this Policy via a benefit rider. If added, the entire provision will be included. If life benefits are not added, then the provision will state that benefits upon the Insured's death will be "paid to the first of the following living persons..."
Assignment not	In or out depending upon whether or not benefits can be assigned.

CERTIFICATE – C-9124AR

Policy Number	Number assigned to the Policy by Fidelity Security Life Insurance Company. The Policy Number will either appear on the face page of the Certificate or in the Schedule of Benefits.
Policyholder	Policyholder's Name. The Policyholder's name will either appear on the face page of the Certificate or in the Schedule of Benefits.
Policy Effective Date	Effective Date of the Policy. The Policy Effective Date will either appear on the face page of the Certificate or in the Schedule of Benefits.

Policy Anniversary Date	Anniversary Date of the Policy. The Policy Anniversary Date will either appear on the face page of the Certificate or in the Schedule of Benefits.
above	In or out depending upon whether or not the Policyholder's name is printed on the face page of the Certificate or in the Schedule of Benefits.
Dental, Vision, Refractive Surgery, Loss of Sight and Hearing	The benefits provided by the Policy may be in any combination of two or more as elected by the Policyholder and/or the Company.
Policy Number	Number assigned to the Policy by Fidelity Security Life Insurance Company. The Policy Number will be printed here if not printed at the top of the page.
DEFINITIONS	
Accident	The definition will be in or out depending upon whether or not the Loss of Sight benefit is elected by the Policyholder and/or the Company.
Assistive Listening Devices (ALDs)	The definition will be in or out depending upon whether or not the Hearing benefits are elected by the Policyholder and/or the Company.
Audiologist	The definition will be in or out depending upon whether or not the Hearing benefits are elected by the Policyholder and/or the Company.
Benefit Period Calendar Year, Policy Year	The definition will be in or out depending upon whether or not the Dental benefits are elected by the Policyholder and/or the Company. The Benefit Period will either be defined as a Calendar Year or a Policy Year.
Calendar Year	The definition will be in or out depending upon whether or not the Dental benefits are elected by the Policyholder and/or the Company and the benefits are based upon Calendar Year and not Policy Year.
Dental Hygienist	The definition will be in or out depending upon whether or not the Dental benefits are elected by the Policyholder and/or the Company.
Dentist	The definition will be in or out depending upon whether or not the Dental benefits are elected by the Policyholder and/or the Company.
Dependent or Domestic Partner 2. the child or children of the Insured or the Insured's spouse who are under 26 years of age 3. the unmarried Dependent child or children of the Insured or of the Insured's spouse who are under {19-27} years of age {{21-27} years of age if a full-time student grandchild, Full-time, as used in this definition, means actively attending at least the minimum number of hours of class a week the school considers as full-time status.	The definition will be in or out depending upon whether or not Dependent coverage is elected by the Policyholder. Domestic Partners may or may not be covered as elected by the Policyholder. Either item 2 or item 3 will be included for Dependent Children depending upon whether or not the Policyholder elects to cover Dependent Children to age 26 without restrictions or elects to cover Dependent Children to a certain age and may or may not elect to cover Dependent Children who are students. If Dependent Children who are students are covered, the definition of Full-time will be included. The ages for Dependent Children are within the range shown.
Domestic Partner	The definition will be in or out depending upon whether or not the Policyholder elects to cover Domestic Partners.
Employee and meeting the minimum hourly requirements shown in the Policyholder's application. Employee also includes a retiree, but only if a retiree class is requested by the Policyholder in the application for insurance.	The minimum hourly requirement and retirees are in or out depending upon the eligibility requirements of the Policyholder.

Hearing Aid	The definition will be in or out depending upon whether or not the Hearing Aid benefit is elected by the Policyholder and/or the Company.
Hearing Aid Dispenser	The definition will be in or out depending upon whether or not the Hearing benefits are elected by the Policyholder and/or the Company.
Hearing Examination	The definition will be in or out depending upon whether or not the Hearing Examination benefit is elected by the Policyholder and/or the Company.
Hearing Loss	The definition will be in or out depending upon whether or not the Hearing Examination benefit is elected by the Policyholder and/or the Company.
Injury	The definition will be in or out depending upon whether or not the Loss of Sight benefit is elected by the Policyholder and/or the Company.
Insured Person either or Dependent	In or out depending upon whether or not Dependent coverage is elected by the Policyholder.
LASEK	The definition will be in or out depending upon whether or not the Refractive Surgery benefit is elected by the Policyholder and/or the Company.
LASIK	The definition will be in or out depending upon whether or not the Refractive Surgery benefit is elected by the Policyholder and/or the Company.
Ophthalmologist	The definition will be in or out depending upon whether or not the Refractive Surgery benefit is elected by the Policyholder and/or the Company.
Optometrist	The definition will be in or out depending upon whether or not the Vision Examination and/or Vision Materials benefits are elected by the Policyholder and/or the Company.
Otolaryngologist	The definition will be in or out depending upon whether or not the Hearing benefits are elected by the Policyholder and/or the Company.
Otologist	The definition will be in or out depending upon whether or not the Hearing benefits are elected by the Policyholder and/or the Company.
Physician Physician does not include a Hearing Aid Dispenser.	The last sentence will be in or out depending upon whether or not the Hearing benefits are elected by the Policyholder and/or the Company.
Policy Year	The definition will be in or out depending upon whether or not the Dental benefits are elected by the Policyholder and/or the Company and the benefits are based upon Policy Year, and not Calendar Year.
Policyholder , as shown in the Schedule of Benefits	The phrase will be in or out depending upon whether or not the Policyholder's name is shown on the face page of the Certificate or the Schedule.
PRK	The definition will be in or out depending upon whether or not the Refractive Surgery benefit is elected by the Policyholder and/or the Company.

Refractive Surgery	The definition will be in or out depending upon whether or not the Refractive Surgery benefit is elected by the Policyholder and/or the Company.
Vision Examination	The definition will be in or out depending upon whether or not the Vision Examination benefit is elected by the Policyholder and/or the Company.
Vision Materials and or contact lenses	The definition will be in or out depending upon whether or not the Vision Materials benefit is elected by the Policyholder and/or the Company. “And” and “contact lenses” are in or out depending upon whether or not the Policyholder and/or the Company elects to cover contact lenses under the Vision Materials benefit.
ELIGIBILITY AND EFFECTIVE DATE	
Insured Eligibility and Effective Date first day of the month following the Insured’s date of hire date shown in the Schedule of Benefits first day of the month 15 th of the month date of receipt of the Insured’s individual enrollment form, if any	Only one option will be used as elected by the Policyholder and/or the Company.
Dependent Eligibility and Effective Date first day of the month following the date the Dependent first became eligible date shown in the Schedule of Benefits first day of the month 15 th of the month date of receipt of the Dependent’s individual enrollment form, if any	The provision will be in or out depending upon whether or not Dependent coverage is elected by the Policyholder. Only one option will be used as elected by the Policyholder and/or the Company.
Newborn and Adopted Children Eligibility and Effective Date	The provision will be in or out depending upon whether or not Dependent coverage is elected by the Policyholder.
Late Enrollees or Insured’s Dependents’ and/or any of the Insured’s Dependents	The provision will be in or out depending upon the eligibility requirements of the Policyholder and/or the Company. References to Dependents will be in or out depending upon whether or not Dependent coverage is elected by the Policyholder.
BENEFITS	The Policyholder and/or Company may elect to cover two or more benefits in any combination of benefits. At least two benefits must be elected.
Dental Benefits	The benefit will be in or out depending upon whether or not the Dental benefits are elected by the Policyholder and/or the Company.
Vision Benefits	The provision will be in or out depending upon whether or not any of the Vision benefits are elected by the Policyholder and/or the Company.
Vision Examination	The benefit will be in or out depending upon whether or not the Vision Examination benefit is elected by the Policyholder and/or the Company.
Vision Materials	The benefit will be in or out depending upon whether or not the Vision Materials benefit is elected by the Policyholder and/or the Company.
Refractive Surgery Benefit	The benefit will be in or out depending upon whether or not the Refractive Surgery benefit is elected by the Policyholder and/or the Company.

Loss of Sight Benefit 90-365	The benefit will be in or out depending upon whether or not the Loss of Sight benefit is elected by the Policyholder and/or the Company. The number of days from the date of the Injury to the date of loss will be within the range shown.
Hearing Benefits	The provision will be in or out depending upon whether or not any of the Hearing benefits are elected by the Policyholder and/or the Company.
Hearing Examination Benefit	The benefit will be in or out depending upon whether or not the Hearing Examination benefit is elected by the Policyholder and/or the Company.
Hearing Aid Benefit	The benefit will be in or out depending upon whether or not the Hearing Aid benefit is elected by the Policyholder and/or the Company.
EXCLUSIONS	
Vision Examination and Vision Materials	The exclusions will be in or out depending upon whether or not the Vision Examination and/or the Vision Materials benefits are elected by the Policyholder and/or the Company.
any vision materials; any vision examination	If only Vision Materials are covered, vision examination will be excluded. If only Vision Examination is covered, vision materials will be excluded. If both are covered, the exclusion will be deleted.
Aniseikonic lenses	The exclusion will be included if Vision Materials are elected.
safety eyewear	The exclusion will be included if Vision Materials are elected.
plano (non-prescription) lenses and/or contact lenses	The exclusion will be included if Vision Materials are elected.
{non-prescription} sunglasses	The exclusion will be included if Vision Materials are elected. Non-prescription is in or out depending upon whether or not the group requests to exclude all sunglasses and not just non-prescription sunglasses.
two pair of glasses in lieu of bifocals	The exclusion will be included if Vision Materials are elected.
lost or broken lenses, frames, glasses, or contact lenses	The exclusion will be included if Vision Materials are elected.
Hearing Exclusions	The exclusions will be in or out depending upon whether or not the Hearing Examination and/or the Hearing Aid benefits are elected by the Policyholder and/or the Company.
for any hearing examination any hearing aid	If only Hearing Aids are covered, hearing examination will be excluded. If only Hearing Examination is covered, hearing aids will be excluded. If both are covered, the exclusion will be deleted.
TERMINATION OF INSURANCE	
Termination of the Policy 1. any premium due date, the first day of any month, any date 30-90 3. the next premium due date following the date the number of persons covered under the Policy does not meet the minimum participation requirements of {2-100} shown in the Policyholder's application	For item 1, only one option will be used when the Policy will terminate as elected by the Policyholder and/or Company. The time frame for notifying the Policyholder is within the range shown as elected by the Policyholder and/or Company. For item 3, the item is in or out as elected by the Company depending upon the group. Either the option to show the exact number within the range shown or to show the number in the application will be used as elected by the Company.
Termination of Insured's Coverage under the Policy the first day of the month following for retirees, the date the Insured attains age 65	Item 4 is in or out to allow coverage to continue through the end of the month if elected by the Policyholder and/or the Company. Item 5 is in or out depending upon whether or not the Policyholder's eligibility requirements includes coverage for retirees to age 65.
Termination of Dependent's Coverage under the Policy the date the Insured's spouse attains age 65	This provision is in or out depending upon whether or not Dependent coverage is elected by the Policyholder and/or Company. Item 5 is in or out depending upon whether or not the Policyholder's eligibility requirements includes coverage for a spouse to age 65.
Exceptions	This provision is in or out depending upon the Policyholder's eligibility requirements.

PREMIUMS	
Premium Changes on or after the first Policy Anniversary Date, 31 – 120	The phrase is in or out as elected by the Company. The number of days within the range shown that notice of a premium change will be provided to the Policyholder.
CLAIM PROVISIONS	
Notice of Claim at 3130 Broadway, Kansas City, Missouri 64111-2406	The address of the Company is variable in order to revise if the Company moves.
Payment of Claims , unless assigned Beneficiary. Beneficiary means the person or entity named on the Company's records to receive the benefit after the Insured dies. The Insured may name any person as Beneficiary. If two or more Beneficiaries are named, each will receive an equal portion of the benefit, unless the Insured designates otherwise. The Insured may change the Beneficiary at any time on forms the Company provides, unless an irrevocable Beneficiary is named or the insurance is assigned. The change date is the date the written request is signed by the Insured. If the Company pays the benefit before the Company receives a change request, the Company is released from further liability under the Policy to the extent of the Company's payment. If the Beneficiary dies at the same time as the Insured, or within 15 days after the Insured dies, the Company will pay the benefits as if the Insured survived the Beneficiary. If there is no designated Beneficiary when the Insured dies, the Company will pay the benefits to the	In or out depending upon whether or not benefits can be assigned. The Beneficiary provision will be included if a life benefit is elected by the Policyholder and added to this Policy via a benefit rider. If added, the entire provision will be included. If life benefits are not added, then the provision will state that benefits upon the Insured's death will be "paid to the first of the following living persons..."
Assignment not	In or out depending upon whether or not benefits can be assigned.

SCHEDULE OF BENEFITS – S-9124

Policy Number	Number assigned to the Policy by Fidelity Security Life Insurance Company. The Policy Number will either appear in the Schedule of Benefits or the face page of the Certificate.
Policyholder	Policyholder's Name. The Policyholder's name will either appear in the Schedule of Benefits or the face page of the Certificate.
Policy Effective Date	Effective Date of the Policy. The Policy Effective Date will either appear in the Schedule of Benefits or the face page of the Certificate.
Policy Anniversary Date	Anniversary Date of the Policy. The Policy Anniversary Date will either appear in the Schedule of Benefits or the face page of the Certificate.
Benefit Period	The 12-month period for which benefits are payable for the Dental Benefits. It is in or out depending upon whether or not the Dental Benefits have been elected by the Policyholder and/or the Company.

Insured, Dependents Insured Persons All Employees in an eligible class All eligible Dependents, if elected	Either the Insured's and Dependent's names (if Dependent coverage is elected) or the class of Insured Persons will be listed.
Effective Date	In or out depending upon whether or not the Insured's Name or class of Insured Persons are listed.
Benefit	The Policyholder and/or Company may elect to cover two or more benefits in any combination of benefits. At least two benefits must be elected.
Dental Benefits	The benefit will be in or out depending upon whether or not the Dental benefits are elected by the Policyholder and/or the Company.
Routine oral examinations, initial or periodic, no less than six months apart, two examinations per Benefit Period \$5-\$100	The benefit will be in or out as elected by the Policyholder and/or the Company. The benefit amount will be within the range shown in \$5 increments.
X-rays or bitewing or full mouth, one per Benefit Period \$5-\$100	The benefit will be in or out as elected by the Policyholder and/or the Company. The benefit amount will be within the range shown in \$5 increments.
Prophylaxis (the cleaning and scaling of teeth, no less than six months apart, two cleanings per Benefit Period \$5-\$100	The benefit will be in or out as elected by the Policyholder and/or the Company. The benefit amount will be within the range shown in \$5 increments.
Topical application of sodium fluoride or stannous fluoride for Dependent children to age {14 - 21}, one per Benefit Period \$5-\$100	The benefit will be in or out as elected by the Policyholder and/or the Company. The age of the Dependent for which this benefit applies will be within the range shown. The benefit amount will be within the range shown in \$5 increments.
Sealants for Dependents to age {14 - 21}, one treatment per Benefit Period \$5-\$100	The benefit will be in or out as elected by the Policyholder and/or the Company. The age of the Dependent for which this benefit applies will be within the range shown. The benefit amount will be within the range shown in \$5 increments.
Amalgam or silicate or acrylic or composite filling, one filling per Benefit Period \$5-\$100	The benefit will be in or out as elected by the Policyholder and/or the Company. The benefit amount will be within the range shown in \$5 increments.
Vision Benefits	The benefit will be in or out depending upon whether or not the Vision benefits are elected by the Policyholder and/or the Company.
Vision Examination, one per 12 consecutive month period following the later of the Insured Person's Effective Date or the date of the last covered Vision Examination \$5-\$100	The benefit will be in or out as elected by the Policyholder and/or the Company. The benefit amount will be within the range shown in \$5 increments.
Vision Materials (lenses and frames {or contact lenses}), one per {12} {24} consecutive month period following the later of the Insured Person's Effective Date or the date the last covered Vision Materials were provided \$5-\$300	The benefit will be in or out as elected by the Policyholder and/or the Company. Vision Materials will be covered every 12 or 24 months as elected by the Policyholder and/or Company. The benefit amount will be within the range shown in \$5 increments.
Refractive Surgery, one time per Insured Person, per lifetime \$100-\$1,000	The benefit will be in or out as elected by the Policyholder and/or the Company. The benefit amount will be within the range shown in \$50 increments.
Loss of Sight, one time per Insured Person, per lifetime	The benefit will be in or out as elected by the Policyholder and/or the Company. The benefit amount will be \$1,000.

Hearing Benefits	The benefit will be in or out depending upon whether or not the Hearing benefits are elected by the Policyholder and/or the Company.
Hearing Examination, one per 12 consecutive month period following the later of the Insured Person's Effective Date or the date of the last covered Hearing Examination \$10-\$100	The benefit will be in or out as elected by the Policyholder and/or the Company. The benefit amount will be within the range shown in \$10 increments.
Hearing Aid, one per ear, per {24} {36} consecutive month period following the later of the Insured Person's Effective Date or the date last fitted for a covered Hearing Aid \$50-\$1,000	The benefit will be in or out as elected by the Policyholder and/or the Company. Hearing Aids will be covered every 24 or 36 months as elected by the Policyholder and/or Company. The benefit amount will be within the range shown in \$50 increments.
PRIOR TO THE DATE SHOWN BELOW	The phrase will be in or out depending upon whether a date prepared is shown or not.
Date Prepared	The date the Schedule of Benefits is printed. The Date Prepared will be In or out depending upon whether a date prepared is shown or not.